

MEMBERSHIP APPLICATION

I would like more information

Call Email Mail

APPLY ONLINE AT ADFCHURCHALLIANCE.ORG, OR FILL OUT THE FORM BELOW AND SUBMIT IT VIA:

EMAIL ChurchAlliance@ADFlegal.org | **FAX** 480-444-0028 | **MAIL** 15100 N. 90th Street, Scottsdale, AZ 85260

Name _____ Title _____

Email _____ Phone _____

Church Name _____ Church Phone _____

Church Address _____

City _____ State _____ Zip _____

Denomination _____ Church Email _____

Pastor Name _____ Pastor Email _____

How did you hear about us? _____

Do you have a promo code?: _____

Church Attendance	Monthly Plan	Annual Plan
Up to 150	<input type="checkbox"/> \$25	<input type="checkbox"/> \$250
151-500	<input type="checkbox"/> \$50	<input type="checkbox"/> \$500
501-1000	<input type="checkbox"/> \$100	<input type="checkbox"/> \$1,000
1001-2000	<input type="checkbox"/> \$200	<input type="checkbox"/> \$2,000
Over 2,000	<input type="checkbox"/> \$400	<input type="checkbox"/> \$4,000

SELECT PLAN

The price of ADF Church Alliance membership is based on average church attendance and whether payment is made monthly or up front at a discounted rate. Membership is an annual agreement that is automatically renewed unless canceled. Please check the appropriate box to select a monthly OR annual payment plan.

   OTHER _____

Name on Card _____

Billing Address associated with card _____

Card# - -

Expiration - V-Code

Are you currently represented by an attorney?
 If so, please provide name:

Are you currently involved in litigation, or do you have a current legal issue? If so, please describe.

On behalf of the church named above, I have read and understand the ADF Church Alliance Scope of Services and ADF's Statement of Faith. The above named church's statement of faith (or similar document) is compatible with ADF's statement. We consider ourselves generally likeminded. I affirm that this church stands in full agreement with the final four bullet points of ADF's statement of faith. I agree to have my card automatically charged for the amount indicated above.

Signature _____

Date _____