ALLIANCE DEFENDING FREEDOM
CHURCH ALLIANCE

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	☐ $25	☐ $250
151-500	☐ $50	☐ $500
501-1000	☐ $100	☐ $1,000
1001-2000	☐ $200	☐ $2,000
Over 2,000	☐ $400	☐ $4,000

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ OTHER _____

Name on Card

Billing Address associated with card

Card# _____ – _____ – _____ – _____

Expiration _____ – _____ V-Code _____

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.

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