Tel: 514 279-1100 Fax: 514 279-1131 Website: www.caog.ca Email: office@caog.ca

CHURCH AFFILIATION APPLICATION

(Please note that a processing fee of \$100 payable to the Canadian Assemblies of God should be included with this application)

Date	
Church Legal Name	
Church Operating Name (if different)	
Address of Church	
City Province Postal Code	
Phone Number	Email
Website	
Pastor Information	
	Email
Office Administrator	
Name	
Phone Number	



CANADIAN ASSEMBLIES OF GOD ASSEMBLÉES DE DIEU CANADIENNES

5845 boul. Couture, St-Léonard, QC, Canada H1P 1A8

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Previous Affiliation (if applicable):
Reason for leaving:
Legal Status of Church (Incorporated Y/N):
If "Y" Provincial or Federal
B/N or Registration Number:
Charitable Status:
Church Contributions Do you agree to contribute 1% of your church's general offerings to the CAOG? ☐ YES ☐ NO If "No," please briefly state the reason:
Tithing for Ordained or Licensed Ministers Do you agree to allocate 50% of your tithe, as an Ordained or Licensed Minister, to the CAOG (either directly or through your local church designation)? □ YES □ NO



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Trustees (Board / Committee Members)	:	
Name	Position	
Name	 Position	

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An agreement between the **General Conference of the Canadian Assemblies of God** and the Church Body whose name appears on this application form:

We, the Church Body, under the leadership of the Pastor and Trustees	of
Church Name	
in being accepted into fellowship with the General Conference of the Canadian of God , pledge ourselves to abide by the Constitution and By-Laws of the General Conference of the Canadian Assemblies of God and to be governed by them.	
We further agree to participate in national and regional meetings, events and confer sending representations whenever possible and to contribute, to the best of our abil financial and spiritual support of the General Conference of the Canadian Assem	ity, toward the
In so agreeing, we, the Pastor and Trustees, place our signatures below:	
Pastor	
Trustee	
Trustee	