 ABORIGINAL EVANGELICAL FELLOWSHIP AUSTRALIA INC.

**MEMBERSHIP APPLICATION**

I would like to be a member of the AEF Australia Inc. I am a born again believer and agree with and will adhere to the Doctrinal Statement and the AEF Constitution. (these documents can be viewed on the AEF web site – www.aef.org.au).

1. – YOUR FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

COMMITMENT *I will pray for, give to, and help the ministries of the AEF of Australia where I can.*

I give permission to be contacted by the AEF and to use my photo unless instructed

MY SIGNATURE………………………………………………………….…

\*\*\***Please attach your testimony on another page** Signed date \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

2 – REFEREE *\*\*\*This* *needs to be signed by your Pastor/Missionary*

*OR another current member of the A.E.F.*

NAME OF YOUR CHURCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. – PASTOR / MISSIONARIES NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASTOR’S SIGNATURE ……………………………………………………………….. ***\*\*\* P.T.O attach a REFERENCE***

**OR**  2. - A CURRENT A.E.F. MEMBER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR REFEREES SIGNATURE …………………………………………………………***\*\*\* P.T.O attach a REFERENCE***

3 – FEES - I have attached/deposited a payment of $

\*\*\*Application cost = $20 + Payment for each year = $20 (Minimum cost $40 or first 2yrs = $60) Setting up your regular payment through the bank would be appreciated. Please ask us for a receipt. NAB - AEF National Acc. - BSB 082-810 Acc. No 18449 5529 Description – YOUR NAME and MEM.

(CONFIDENTIAL)

**Reference for AEF Aus. Inc. MEMBERSHIP APPPLICATION**

I,……………………………………………………………………………… am supporting the application of

(REFEREES PRINTED NAME)

………………………………………………………………………….… who is applying to become a member of the AEF.

(APPLICANTS PRINTED NAME)

I have personally known them for…………years. They have been active in the Church for ………..years.

I believe they are active and faithful Evangelical Christians who would contribute to the work and reputation of the AEF. Yes/no (circle one)

Other comments: ………………………………………………………………………………………………………………………….…… …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed:…………………………………………………………………………. date:……………../………../……………….

Pastor / Missionary / Other current Member of the AEF.

Please give or send this to: THE SECRETARY AEF of Aus. Inc. P.O. Box 221 Highpoint City VIC 3032

**TESTIMONY FORM for AEF Aus. Inc. MEMBERSHIP APPPLICATION**

This form might help you with writing your testimony. Other written or oral testimonies are also welcome. There are a few things that we would like to hear about.

**How you came to know Christ**

**How the Lord is in your life today / A favourite Bible verse**

**How you serve the Lord in your Church and Community**

**Why you would like to be a member of the AEF**

By signing, I confirm that there are no Child abuse charges against me either in the past or currently.

………………………………………………………. …………….…………………………………… ………/……/………... PRINTED NAME of APPLICANT Signature Date