



The Pentecostal Assemblies of Canada (PAOC)  
**NEW CHURCH AFFILIATION APPLICATION**  
*(Please PRINT clearly)*

**CHURCH NAME**

Official Church Name (as should appear on certificate) Church Number

**MAILING ADDRESS**

Unit Number - Street Number - Street Name  
 City Province Postal Code  
 Phone Fax E-mail

**CHURCH STREET ADDRESS**  
*(if different than above)*

Unit Number - Street Number - Street Name  
 City Province Postal Code

**STATISTICS**

*Please fill in the following information relative to your church:*  
 Morning Attendance \_\_\_\_\_ Number of Adherents \_\_\_\_\_  
 Evening Attendance \_\_\_\_\_ Number of Members \_\_\_\_\_  
 Organized Membership Yes No Primary Meeting Language \_\_\_\_\_

**SIGNATURES**

Date: \_\_\_\_\_ Pastor: \_\_\_\_\_  
 Secretary: \_\_\_\_\_

**GOVERNANCE**

Indicate if the assembly is constituted as a:

- Affiliated Assembly with Elected Church Board**, under the provisions of the Local Church Constitution and By-Laws of PAOC (2018)  
*(A signed copy indicating date of adoption must be included with the application for district use. A signed copy of the Affiliation Resolution, page 2, must also be included for International Office use.)*
- Affiliated Assembly with Pastor's Council**, under the provisions of the Local Church Constitution and By-Laws of PAOC (2018)  
*(A signed copy indicating date of adoption must be included with the application for district use. A signed copy of the Affiliation Resolution, page 2, must also be included for International Office use.)*
- Affiliated Assembly**, under another district-approved constitution  
*(A signed, dated copy of the constitution, including the required non-profit and dissolution clauses must be included with this application for district use.)*
- "Other" Assembly**, under district supervision as provided at the 2008 General Conference *(New Church Plant)*

**CHURCH INFORMATION**

**PASTOR**

Credential Number Title First Name Initial Last Name  
 Unit Number - Street Number - Street Name  
 City Province Postal Code  
 Phone Fax E-mail

**BOARD SECRETARY**

Title First Name Initial Last Name  
 Unit Number - Street Number - Street Name  
 City Province Postal Code  
 Phone Fax E-mail

**OFFICIAL ENDORSEMENT**

I hereby authorize the action indicated for the above assembly as approved by the

\_\_\_\_\_ District Executive, of PAOC on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Signed: \_\_\_\_\_  
District Representative Position

**AFFILIATION DECLARATION**

This is to certify that the following resolution was duly approved at a congregational meeting on the \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

"We, the congregation of \_\_\_\_\_ request affiliation with The Pentecostal Assemblies of Canada, and in so doing agree to abide by *The Statement of Fundamental and Essential Truths* and the governing documents of The Pentecostal Assemblies of Canada, International and District bodies; including full financial participation by church tithe and support of the national and international mission of The Pentecostal Assemblies of Canada.

**Certified by:** \_\_\_\_\_  
Chairman  
Secretary

**Address of Congregation:** \_\_\_\_\_  
(If different from reverse)