



Application Form Independent Partner Churches

We wish to apply to become an Affinity Independent Partner Church.

Name of Church

Address

..... Post Code

We affirm that:

- We are a Bible-centred Church. The Bible is the basis for our faith and practice.
- We are in full agreement with Affinity's Doctrinal Basis and Mission Statement.
- We are committed to seeking fellowship and working with churches which are faithful to the Gospel and are committed to biblical truth.
- We will seek to relate to other Gospel churches in a manner worthy of the Gospel we proclaim.
- We are committed to playing an active role in Affinity in cooperation with fellow Partners and Associates.

Designated Contact (Rev/Dr/ Mr/Mrs/Miss)

Address

..... Post Code

Telephone Email

Reference Please could you provide the contact details of a church leader who knows the church well and who would be willing to provide a reference in support of your application.

Name (Rev/Dr/ Mr/Mrs/Miss)

Address

..... Post Code

Telephone Email

Affinity Newsletters

Please send us copies of the Affinity Newsletter (twice a year).

“Find a Church” Information

Information about Affinity Independent Partner Churches is put in the “Find a Church” section of our website. Please could you provide the following information for your church:

Address

Primary Minister

Address

..... Post Code

Telephone Email

Administrator

Address

..... Post Code

Telephone Email

Website

Service Times

IMPORTANT NOTICE RELATING TO DATA PROTECTION LEGISLATION:

One of Affinity’s services to member churches is to make their details available via the “Find a Church” facility at the foot of our website homepage (www.affinity.org.uk). Many people use this when looking for a church they can trust.

Please only provide us with information that you wish to be publicly available in this way. As part of our compliance with GDPR, we want to ensure that this information is up to date, accurate and easy for you to change or delete. We will ask you every year at renewal time to check that you are happy with the information about you that we display. If you wish to change anything please let us know. We aim to ensure any requested changes are completed within 24 hours. Thank you!

Signed Date

Name Position

Telephone Email

Please return this form to:

Affinity, PO Box 1311, Cambridge CB1 0HQ or email a scanned copy to: office@affinity.org.uk