



**KINGDOM AGENDA PASTORS
PARTNERSHIP APPLICATION**

Date: _____ 2017

PERSONAL INFORMATION

<i>Senior Pastor</i> <input type="checkbox"/> <i>Associate Pastor</i> <input type="checkbox"/>		
*Last Name:		
*Pastor's First Name:		Wife:
*Home Street Address:		
*City:		
*State:		*Zip:
Pastor's Date of Birth:		First Lady's Date of Birth:
*Home Phone:		*Cell Phone:
*Pastor's E-Mail:		
First Lady's E-Mail:		
*Alternate E-Mail:		

CHURCH INFORMATION

*Church Name:		
*Sr. Pastor's Name:		
*Church Address:		
*City:		
*State:		*Zip:
*Church Phone:		
Church Fax:		
Church Hours:		
Contact Person:		
Contact Person E-mail:		
Website:		

KINGDOM AGENDA
PASTORS

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THIS SECTION IS FOR STATISTICAL PURPOSES ONLY

Ethnicity:		
Highest Level of Education Completed:		
Denominational Affiliation:		
*Church Anniversary Month/Year:		*Pastoral Anniversary Month/Year:
Congregation Size:		
How did you hear about us?	<input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Other	
Who Were You Referred By:		

PARTNERSHIP LEVEL

Senior/Associate Pastor - \$295.00 Son of the Ministry (SoM) - \$200.00 Monthly Partnership - \$25.00/month
 All packages include Pastor & First Lady

Payment:	<input type="checkbox"/> Check <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover **MAKE CHECKS PAYABLE TO: The Urban Alternative	
<u>Annual</u> Partnership:	\$295.00 a year <input type="checkbox"/> \$200.00 a year <input type="checkbox"/> \$25.00 a month <input type="checkbox"/> I would like to make an additional monthly contribution of \$_____ towards TUA as a mission designation.	
Credit Card Number:		
Expiration Date:		
Security Code:		
Name as it appears on card:		
Signature:		

How would you like for us to contact you?

Personal Address *Church Address*

In office use only

Profile code: KAFOC 17 Motivation code: KAFOC Product Code: KAFOC RNEW / KAFOC2 RNEW