

**APPLICATION FOR MEMBERSHIP AND ASSOCIATE MEMBERSHIP OF
TEACHERS' CHRISTIAN FELLOWSHIP OF NSW INC.**

ABN 48 491 229 109

NAME: _____

Address: _____

Name of School / Institution: _____

Phone: _____ Email: _____

Application is for: Membership (\$35) **or**
 Associate membership (\$35) - has no voting rights

Please tick if you are a Teacher in training (\$10) **or** New career teacher (\$10)

Signature: _____ Date: _____

FOR MEMBERS ONLY (NOT ASSOCIATE MEMBERSHIP)

Proposer and Seconder must be current TCFNSW Inc. members.
If none are known to you, please leave blank. **This will not affect your application.**

PROPOSER: Name _____

Signature: _____ Date: _____

SECONDER: Name: _____

Signature: _____ Date: _____

Member (not Associate member) applications **must also sign a Statement of Belief in the Christian Faith on the back of this form.**

Payment is by -

mastercard/visa

Card no. _____ Amount: _____

Expiry date: _____ Signature: _____

Name as on card (please print): _____

Direct deposit to: Westpac Bank

BSB: 032-373 Account No: 128812 (Please record your name as the reference.)

STATEMENT OF BELIEF IN THE CHRISTIAN FAITH:

I believe in God, the Father Almighty,
maker of heaven and earth;
and in Jesus Christ, his only Son our Lord,
who was conceived by the Holy Spirit,
born of the virgin Mary,
suffered under Pontius Pilate,
was crucified, dead and buried.
He descended into hell.
The third day he rose again from the dead.
He ascended into heaven,
and is seated at the right hand of God the Father almighty;
from there he shall come to judge the living and the dead.
I believe in the Holy Spirit;
the holy catholic church;
the communion of saints;
the forgiveness of sins;
the resurrection of the body,
and the life everlasting.

In seeking to be a member of Teachers' Christian Fellowship NSW Inc,
I affirm my faith in Jesus Christ as my Saviour, my Lord and my God and agree with
the above statement of belief.

Name (Please print): _____

Signature: _____

Date: _____

Return to: TCFNSW Inc.
PO Box 8401
Westfield Parramatta 2150

Ph: 0456 203 548 Website: tcfofnsw.org.au Email: mailtcfofnsw@gmail.com

OFFICE USE:

Approved on _____ Applicant notified: _____

Amount rec'd _____ Date _____ Receipt no. _____