

**New Church Application  
for Coming Under Care  
New Church Movement of CCNC-N  
9260 Alcosta Blvd., C-22, San Ramon, CA 94583  
(925) 556-9900**

Full Name of pastor/church planter \_\_\_\_\_

Name of New Church/Gathering \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State/ \_\_\_\_\_ Zip \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State/ \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Church Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ (required)

How did you find out Christian Church (Disciples of Christ)?

\_\_\_\_\_  
\_\_\_\_\_

Please list any connection/relationship with current and past denomination/mother church, if there is any

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell the committee why do you want to join/affiliate Disciples of Christ

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use back side to cont. if necessary)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_