



**NF Membership Application**

(REV 11/28/17)

*Mail or scan/email to Rev Olivia Bibb, NF Treasurer*

*Mailing Address: 1640 Broadway St, Vallejo, CA 94590 707-515-6664*

*Email: [treasurer@nfdeaf.com](mailto:treasurer@nfdeaf.com)*

*Website: [www.nfdeaf.com/members/join/](http://www.nfdeaf.com/members/join/)*

**PLEASE CHECK ONE**

*(The Church or Ministry level, \$150/yr)*

- General Council
- District Affiliated
- Parent Affiliated Church (PAC)
- Other or Special Ministry

Church Name: \_\_\_\_\_

District: \_\_\_\_\_

Sponsoring Hearing church: \_\_\_\_\_ (if church is PAC)

Senior Pastor: \_\_\_\_\_ (First Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Voice: \_\_\_\_\_ VP: \_\_\_\_\_

Church Email: \_\_\_\_\_ Church Website: \_\_\_\_\_

Signature of Senior Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church Corporate Secretary: \_\_\_\_\_

Signature of Church Corporate Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Please make your check or money order payable to  
**National Deaf Culture Fellowship** and mail your completed form and payment to  
**1640 Broadway St Vallejo, CA 94590**

\*\*\*\*\*

Effective Date: \_\_\_\_\_ Approved by NF Administrative: \_\_\_\_\_

New: \_\_\_\_\_ Upgrade: \_\_\_\_\_ Lapsed: \_\_\_\_\_ Date: \_\_\_\_\_