



Application for School Association Membership - Full

Thank you for your interest in becoming a full member of the Covenant Christian School Association.

Full Association membership is available to all current Associate members of the Association who have been members for at least one (1) year and who continue to subscribe to the Objects (clause 2), Principles (Schedule 1), and Educational Creed (Schedule 2) contained in the Constitution of the Covenant Christian School Association and the Covenant Summary Statement of Belief.

The Covenant Board is responsible for considering all full membership applications. In most cases no interview is required.

Please complete and return this form to the Association Coordinator, together with your Statement of Support from your nominated existing Full Association Member. Your application will be tabled at the next scheduled Board Meeting (monthly). Shortly after the Board Meeting the Association Coordinator will advise you of the outcome. If you have any questions relating to this application please contact Sarah Ryan the Association Coordinator or email sryan@covenant.nsw.edu.au.

Information collected may be distributed to other Association Members for administrative purposes. One application per person please.

Name	
Address	
Phone	
Email	
Occupation	
Briefly outline why you are interested in becoming a Full member of the Association.	

Your Declaration

1. I confess Jesus Christ as my personal Lord and Saviour.
2. I have read and subscribe to the Objects (clause 2), Principles (Schedule 1), and Educational Creed (Schedule 2) of the Association contained in the Constitution as well as the Covenant Summary Statement of Belief. (Available at: www.covenant.nsw.edu.au/association)

Signature of Applicant: _____ Date: _____

Full Association Member Statement of Support

This statement of support forms part of the Full Association Membership application.

Applicant – please ask your nominated Full Association member to complete the section below.

Full Association Member – please assist by completing this form and returning it directly to the person requesting your support. Thank you for your assistance.

Applicant Name: _____

Full Association Member to complete

Do you have sufficient personal knowledge of the person named above to provide a reliable statement of support for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you known this person?	
Based on their words, actions and your knowledge of them, does this person in your view demonstrate a genuine faith and personal relationship with Jesus Christ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other comments regarding this application:	
As an existing Full Member of the CCS Association do you recommend full membership for this applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Member's name	
Phone	
Email	

Signature of Full Member: _____

Date: _____