

ETA CHURCH MEMBERSHIP PROGRAM

APPLICATION FORM

Please Type or Print

Church Name: _____

Church Billing Address: _____

City: _____ State: _____ ZIP: _____ Church Phone: _____

Church Shipping Address (if different than Billing Address): _____

City: _____ State: _____ ZIP: _____

Church FAX: _____ E-Mail: _____

Do you have an existing ETA account number? If so, what is the number? _____

If so, what name (personal or church) is the account under: _____

Contact Name: _____

Contact Phone (if different from church phone): _____

Position in Church: _____

Senior Pastor Name (if different from contact name): _____

Denominational/Network Affiliation of Church: _____

Sunday Morning Attendance (average): _____

How many teachers/workers in your Sunday School program? _____

Does your church currently sponsor a Bible Institute? _____ If so, please enclose a copy of your current catalog or list of course offerings.

How do you plan to utilize ETA in your church or ministry? _____

Membership Agreement

It is my understanding the *ETA Church Membership Program* will provide my church with the following benefits:

- A membership certificate suitable for framing
- Free ministry counseling available from ETA via toll-free number
- A one-time new member’s bonus gift of all *ETA Classroom Series* textbooks

This membership may be cancelled within 30 days with the return of all materials in saleable condition. Thereafter, this membership program will be automatically renewed each year. The first year’s membership fee will not be refunded after the first 30 days of membership. After the first year, the church’s membership may be cancelled at any time by notifying ETA, in writing, of the cancellation.

Our church is in full agreement with the ETA Doctrinal Statement.

____ I have filled out all the information.

____ I have enclosed payment of \$300.00

Church Contact

Date

Evangelical Training Association

1551 Regency Court • Calumet City, IL 60409 • 800-369-8291 • Website: etaworld.org