

APPLICATION FOR CONNECTION

Name

Address

Phone _____

Email address _____

Home Church

Which role(s) do you choose? (You may check more than one)

Pray-er Donor Volunteer Trustee (Membership required)

Which means of communication do you prefer for connecting with others in EDUF?

Phone call Text Email Any of the three

Please tell us how you became interested in EDUF and any past connection you have with Africa

Signature

Date

APPLICATION FOR EDUF MEMBERSHIP

1. I HAVE INDICATED MY DESIRE TO ASSIST EDUF IN ITS MISSION AND I CHOSE MY ROLE(S) FOR ACTION BY COMPLETING THE FIRST PAGE OF THIS APPLICATION.

2. RECOMMENDATION BY AN ACTIVE MEMBER OF EDUF.

Please share with the Board of Trustees the name and contact information for the EDUF member who knows you and will recommend you.

2. AGREEMENT WITH THE APOSTLES' CREED

*I believe in God, the Father Almighty, Creator of heaven and earth
I believe in Jesus Christ, His only Son, our Lord
He was conceived by the power of the Holy Spirit and born of the Virgin Mary
He suffered under Pontius Pilate, was crucified, died, and was buried
He descended to the dead
On the third day He rose again
He ascended into heaven and is seated at the right hand of the Father
He will come again to judge the living and the dead*

*I believe in the Holy Spirit, the Church Universal, the communion of saints,
the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.*

SIGNING BELOW ATTESTS TO MY AGREEMENT WITH THE APOSTLES' CREED

Signature of applicant

Date

**PLEASE MAIL THE COMPLETED APPLICATION TO
Rev. Pat Crane, 1016 4th Ave. SW, Puyallup, WA, 98371 or
SCAN THE COMPLETED PAGE(S) AND EMAIL TO Admin@eduf.org**