



ABORIGINAL EVANGELICAL FELLOWSHIP AUSTRALIA INC
MEMBERSHIP APPLICATION

I desire to be a member of the A.E.F. Australia. I am a born again believer and agree with the Doctrinal Statement and the Articles of Association (these documents can be viewed on the AEF web site – www.aef.org.au). I enclose my membership and subscription fee of \$40. I agree to pay an annual subscription fee of \$20.

YOUR FULL NAME _____

ADDRESS _____

_____ **POST CODE** _____

CHURCH _____

PHONE NUMBER _____ **DATE OF BIRTH** _____

Please attach written testimony



REFEREES

Your application needs to be signed by a Pastor and a current member of the A.E.F.

PASTOR'S NAME _____

ADDRESS _____

_____ **POST CODE** _____

PHONE NUMBER _____ **SIGNATURE** _____

CURRENT A.E.F. MEMBER'S NAME _____

ADDRESS _____

_____ **POST CODE** _____

PHONE NUMBER _____ **SIGNATURE** _____