

CONCERNED WOMEN FOR AMERICA

1015 Fifteenth Street NW • Suite 1100 • Washington, D.C. 20005 • 202-488-7000 • Fax 202-488-0806

Application for Leadership

Name _____ Phone (____) _____ Fax (____) _____
E-mail address _____ Date of Birth _____
Street _____ City/State _____ ZIP _____
Your Occupation _____ U.S. Congressional District _____ (find at legislation.cwfa.org)
Marital Status (check one) Single Married Widowed Divorced Spouse's first name _____
Church Affiliation _____ Church Responsibilities _____
Leadership positions held or organizational involvement, if applicable _____

Please include two references. If you have not attended your current church for at least two years, please attach an additional pastoral reference.

Pastor _____	Friend _____
Office Address _____	Address _____
City/State _____ Zip _____	City/State _____ Zip _____
Ofc. Phone/Fax _____	Phone _____

I am (Please check appropriate boxes)

- currently a member of CWA.
- joining CWA with the enclosed donation of \$25 or more.
- applying to be a Prayer/Action Chapter Leader.
- applying to be a Home Team Captain.
- applying for a Steering Committee position: _____
- applying for a non-Steering Committee position: _____

Statement of Faith

We believe the Bible to be the verbally inspired, inerrant Word of God and the final authority on faith and practice.
We believe Jesus Christ is the divine Son of God, was born of a virgin, lived a sinless life, died a sacrificial death, rose bodily from the dead on the third day and ascended into Heaven from whence He will come again to receive all believers unto Himself.
We believe all men are fallen creatures of Adam's race and in need of salvation by grace through personal faith in the Lord Jesus Christ.
We believe it is our duty to serve God to the best of our ability, and to pray for a moral and spiritual revival that will return this nation to the traditional values upon which it was founded.

I am in full agreement with the *Statement of Faith*. I have read and am in full agreement with CWA's *Concerns and Goals*. I am a currently a member of CWA or I am joining CWA with the enclosed donation of \$25 or more.

If approved as a CWA leader, I agree to abide by the policies set forth by the CWA National Office.

Signature _____ Date _____

Approved by _____ Date _____
(State/Area Director)

CWA National Office _____ Date _____
(National Field Director)

Revised 10/08