

Affiliate Form

* Required fields

Name: *

First

Middle

Last

Address: *

Street Address

City

State

Zip

Country

Phone *

Email *

Applying for:

Single Church /Group Affiliation *

Multiple Church/Group Affiliation *

Please detail the background of your church/organization (Church Name, Current affiliation, operations, beliefs, other) *

Is your church/group in Apostolic Succession? *

Yes

No

Is your congregation/group in agreement with the new affiliation? *

Yes

No

Do you believe in the Sacraments? (Baptism, Eucharist, Confirmation, Marriage, Confession, Anointing of the sick, Holy Orders) *

Yes

No

Do you agree to release and hold harmless the Episcopal Catholic Church, from any and all liability pertaining to your ministry, and do you acknowledge that the ECC is nor responsible for the actions of it's clergy, real or imagined, if they violate the law or canons? *

Yes

No

Do you acknowledge that you may not act as a legal agent for the ECC without express permission of the church leadership? *

Yes

No

Do you authorize the Episcopal Catholic Church to perform or have you perform background investigation allowed by law? *

Yes

No

General

Each church/diocese in the ECC acts semi-autonomously, and in current state no finances flow upwards or downwards from the churches, diocese or national church. It may be required from time to time that small donations may be required to offset totally unforeseen costs.

Signature

Please submit any supporting documents along with this form in digital format. PDF, JPG and DOCX preferred.