This form is given to support the application of a person wishing to join CCAA.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s name:** | | | | | | | | | | | | | | | |
| **-REFEREE’S DETAILS-** | | | | | | | | | | | | | | | |
| Title | First Name | | | Middle name/s | | | | | | Family name | | | | | |
| Address: Number & Street | | | | | Suburb | | | | State/Territory | | | | | Postcode | |
| Work Phone | | |  | | | | Mobile Phone | | | |  | | | | |
| Email address: | |  | | | | | |  | | | | | | | |
| What is your relationship to the applicant? i.e. Minister, pastor, educator etc. | | | | | | | | | | | |  | | |
| What is the applicant’s Church/Faith Group? | | | | | |  | | | | | | | | |
| Have you known the applicant more than 12 months? | | | | | | | | | | | | |  | |
| \*\* If under 12 months, how long have you known the applicant? | | | | | | | | | | | | |  | |
| Can you confirm that the applicant is in regular fellowship with other Christians? | | | | | | | | | | | | |  | |
| Do you have confidence in the applicant’s Christian integrity? | | | | | | | | | | | | |  | |
| Do you support this applicant joining CCAA? | | | | | | | | | | | | |  | |
| Signed:       (typed name will suffice) | | | | | | | | | | | | | | |

**Email (preferred) or post this completed form to the National email/postal address below.**

[**online@ccaa.net.au**](mailto:online@ccaa.net.au)Post: Membership PO 39 Melrose Park SA 5039