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

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| **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**Post: Membership PO 39 Melrose Park SA 5039