



ANiSA Affiliate Application Form

Name of Church, Organization, and/or Institution

Postal Address

Postal Address: _____

City: _____ Postal Code: _____

Province: _____ Country: _____

Contact Details

Telephone Number: _____ Mobile Number: _____

Email Address: _____

Primary Contact Person: _____

Secondary Contact Person: _____

(The following information is gathered to determine suitability as well as insights as to how ANiSA might be able to facilitate networking among churches, organizations, and/or institutions.)

Why does your church, organization, and/or institution want to become an Affiliate of ANiSA?

What kind of connection has your church, organization, and/or institution had to Anabaptism?

How is your church, organization, and/or institution living out values that you would consider as Anabaptist?

What contribution do you think your church, organization, and/or institution could make to ANiSA?