

Church Membership Confirmation

YOUR PASTOR MUST SIGN BEFORE TURNING IN.

Church Name

Mailing Address

City—Zip—State

Phone

This verifies that _____ is a member in
Team Member
good standing of _____ Church.

We commend the above-mentioned team member to Northwest Baptist Disaster Relief for standing as a *Recognized and Credentialed Volunteer*; we also commit as God leads to pray for, encourage and support the above-mentioned team member and Northwest Baptist Disaster Relief, especially during times of disaster response. We look forward to _____'s testimony of God's activity through
Team Member
their disaster relief ministry.

Signature of Pastor* * **(Form not valid without this signature)**

Email Address

*If the pastor is being commended, or the position is vacant, then the chairman of deacons or designated church leader may sign.

Return completed form to:
Northwest Baptist Disaster Relief
Email: NWBaptistDR@gmail.com
3200 NE 109th Avenue Vancouver, WA
98682 - 360.882.2100
Fax: 360.882.2295