

HARVEST NETWORK



CONGREGATIONAL AFFILIATE REFERENCE

Directions: Complete the form as demonstrated in the example line. A Harvest Network pastor signs at the bottom verifying each applicant is a church member in good standing. Finally, submit the completed Reference form and all individual Congregational Affiliate applications for the entire group to the Harvest Network by email, office@harvestnetworkintl.org, or mail 2419 US Hwy 42 N, Delaware, Ohio 43015.

	Applicant Name	Number of Years Attended this Church	Current Ministry	Email
	<i>Kellie Fellenger</i>	<i>14 years</i>	<i>Children's Ministry Leader</i>	<i>Kellie1596@gmail.com</i>
1				
2				
3				
4				
5				
6				
7				
8				

Pastor's Name:	Pastor's Email:
Pastor's Phone:	Church's Name:
The above listed individuals have my recommendation to join the Harvest Network.	
<i>Pastor's Signature</i>	
Date:	_____