



**Alliance of Christian Development Agencies**

4<sup>TH</sup> Floor, The Evangelical Center, 62 Molave St., Project 3, Quezon City  
Telefax : +632 911-7526 • e-mail address: acdaofc@gmail.com • website: www.acda.org.ph

## MEMBERSHIP APPLICATION FORM

Name of Organization			
Date when the organization was founded/established in the Philippines			
Office Address			
Mailing Address			
Telephone No/s			
Email Address		Fax No:	
Name of Executive Director <i>(Head of Organization)</i>			
Length of Service with the Organization			
Name of Contact Person for ACDA <i>(if different from Exec. Director)</i>			
Affiliations <i>(other organizations or network/s you a member of)</i>			
<i>*Specify the organization and date when you affiliated with them.</i>			

AHFI • BBK • CARE • CCT • COMPASSION • CRCP • CRWRC • DALSAKA • INA-INAKAY • IJM • ISACC  
KABALIKAT • KATUWANG • MMP • NMA • OPEN DOORS • OPERATION COMPASSION • ONESIMO  
PHILRADS • PLM • REACH • SAO SAMARITANA • SERVANTS • SIL • TMFI • TnB • TSPI • WVD



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Reasons for applying for membership with ACDA (specify)		
Are you registered with the SEC?	Yes _____	No _____
Since when? Specify year _____		
If not, give the reason/s why (specify)		

**If you do not have a brochure of the organization, kindly give a brief description of your work/ministry, core values, areas where you are working and your partners (use a separate sheet of paper)**

**Note:** Those with organizational brochure may not need to answer above question just enclose a copy of your brochures together with this application.

**\*Send filled up application form to:**

**ACDA Office:**

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