

ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS
APPLICANT RECOMMENDATION
REGIONAL CONFERENCE SUPERINTENDENT REFERENCE FORM

Applicant Name _____

Regional Conference:

Name _____

Address _____

Email _____

The above applicant is currently a member of _____ Covenant Church
in our conference or _____, a local church
within our regional boundaries.

On the basis of our discernment of call, giftedness and spiritual maturity, we recommend that the association accept
this person as a member.

Signed (Conference Superintendent) _____

Date _____

Please mail to:
ECC / Make and Deepen Disciples
8303 W. Higgins Rd.
Chicago, IL 60631

Or electronically to:
acsd@covchurch.org

Any additional comments regarding this applicant's qualifications welcome here: