

Hillsong Network Application/Renewal



CHURCH DETAILS

Church/Ministry Name: _____

Denomination: _____

Name: _____

Position: _____

Spouse's Name: _____

Church Mailing Address: _____

City: _____ State: _____

Country: _____ Post/Zip Code: _____

Phone: _____

Mobile/Cell: _____

Fax: _____

Email: _____

Website: _____

Tax Invoice ABN 37 002 745 879

To help us get to know you better, could you please answer these additional questions?

When was your church/ministry founded? _____

How long have you been the Senior Pastor/Director? _____

How would you describe your leadership structure? _____

How many church members do you have? _____

Who are you affiliated with? _____

How did you hear about the Hillsong Network? _____

We will provide you with your membership pack upon approval of your application.

PO BOX 1195, CASTLE HILL, NSW 1765, Australia PH: +61 2 9659 6399 FAX: +61 2 9659 6499

EMAIL: network@hillsong.com WEBSITE: www.hillsongnetwork.com

Should you require a tax invoice for your records, please photocopy this registration form prior to returning it to us.

PAYMENT

- Annual Hillsong Network Membership/Renewal - **\$500.00**
- Yes, I would like a 12 month subscription to Hillsong's Message of the Month (Audio Tape/CD/DVD) at a 50% saving. (Please circle.)

	Tape Cost	CD Cost	DVD Cost
International	\$84.00	\$84.00	\$114.00
Australian	\$57.00	\$57.00	\$87.00

TOTAL AMOUNT ENCLOSED \$ _____

* All prices charged in Australian dollars. (GST inclusive)

I would like to pay via:

- Cheque/Money Order (Please enclose with this application and make payable to Hillsong Network) **OR**

- Visa Mastercard Bankcard Amex

Card No: / / / /

Expiry date: / /

Name on Card: _____

Signature: _____

AUTOMATIC RENEWAL INFORMATION

To have your Network renewal automatically processed 12 months from the time of application, simply fill in the details below. We will contact you prior to processing your renewal.

REQUEST FOR AUTOMATIC CREDIT CARD PAYMENT

(please remember to fill in card details)

I/We _____

(Surname or Church/Business Name)

(Given Names or ACN/ABN)

Request that until further notice in writing, you debit my/our credit card account described above, any amounts which the Hillsong Network may debit or charge me/us through the automatic credit card payment system. I/We understand and acknowledge that the Hillsong Network may, by prior arrangement and advice to me/us, vary the amount of future debits.

Date: _____

Signature: _____

- Yes, I would like a free subscription to the Hillsong Magazine
- Yes, I would like information about starting a Faithworks Extension College.

Thank you so much for your application/renewal. We will be in contact with you as soon as your application is approved.