



African Episcopal Church

THE AFRICAN EPISCOPAL CHURCH DIOCESAN AFFILIATION AGREEMENT

Whereas: the African Episcopal Church is the extraterritorial governing communion for all subordinate dioceses, parishes, societies, orders and affiliate ministries throughout the United States and its territories, and abroad; and

Whereas: the affiliated subordinate dioceses, parishes, societies, orders and affiliated ministries, societies have entered into mutual covenant to support and assist each other in fulfillment of the Great Commission instituted by our Lord and Savior Jesus Christ (Matt. 28:18-20), and to proclaim the Christian faith as set forth in the Holy Scriptures, the Apostles' and Nicene Creeds, the Catechism, the Book of Common Prayer, and the Chicago-Lambeth Quadrilateral; and

Whereas: we, the below signed representatives of our diocese have agreed to unite our Diocese with the African Episcopal Church, and to be governed by the Constitution and Canons of the Church:

Now, Therefore; be it known that _____, in the city of _____, _____, a Diocese of the African Episcopal Church has affirmed the statement of faith and has adopted the Covenant of Communion and has voted to become a member Diocese of the African Episcopal Church.

For the Diocese:

_____ Diocesan Council

_____ Bishop Ordinary

Be it further known that the Presiding Prelate of the African Episcopal Church has on this _____ day of _____, 20_____, approved this affiliation.

For the African Episcopal Church:

_____ Council President

_____ Presiding Archbishop



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NEW DIOCESE AFFILIATION

Please complete and return the below form along with the signed Parish Affiliation Agreement to the African Episcopal Church. For questions email: info@AfricanEpiscopal.Church

Name of Diocese: _____

Name of Bishop: _____

Mailing Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ Secondary Phone: _____

Website: _____

Email: _____

Is this location open to the public? YES NO

Cathedral Address: _____

Cathedral City: _____ State: _____ Zip: _____

Ecclesial Affiliation: _____

Name of Province you are affiliated with

Bishop: _____

Programs Offered: _____

Mail Completed Document To:

African Episcopal Church

P. O. Box 58612 • Louisville, KY 40268 USA

www.AfricanEpiscopal.Church

info@AfricanEpiscopal.Church