



## Membership Application Kit

Christian Financial Service Professionals  
with a **KINGDOM CLASS** focus

**SUCCESS** • *God's Way*   **ACHIEVEMENTS** • *For the Lord*   **REWARDS** • *Measureless*

**APPRECIATION** • *By and For Others*   **REPUTATION** • *Of Excellence*

**DISCIPLINE** • *To Do Right Things Right*   **COMMITMENT** • *To Biblical Principles*

**DETERMINATION** • *To Serve Christ*   **INSPIRATION** • *To Excel*

**STRENGTH** • *Unlimited From God*   **LEADERSHIP** • *In Your Community*

# Membership



Members of the National Association of Christian Financial Consultants (NACFC) are financial service professionals associated through a personal relationship with our Lord Jesus Christ, and are committed to managing their companies and practices with Biblical Business Principles.

## Core Values

These values are the foundation on which the NACFC Mission and Vision are established.

### God's Word is our Final Authority

John 1:5 "In the beginning was the Word, and the Word was with God, and the Word was God. The same was in the beginning with God. All things were made by Him; and without Him was not any thing made that was made. In Him was life; and the life was the light of men. And the light shineth in the darkness; and the darkness comprehended it not."

### Teach Biblical Stewardship of Time, Talent, and Treasure

Ephesians 2:10 "For we are His workmanship, created in Christ Jesus unto good works, which God hath before ordained that we should walk in them."

Matthew 6:21 "For where your treasure is, there will your heart be also."

### Encourage Fellowship

Hebrews 10:24-25 "And let us consider one another to provoke unto love and to good works: Not forsaking the assembling of ourselves together, as the manner of some is; but exhorting one another: and so much more, as ye see the day approaching."

### Equip to practice Biblical Accountability

II Timothy 3:16-17 "All scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness: That the man of God may be perfect, thoroughly furnished unto all good works".

## Mission

To teach, train and encourage financial professionals to learn, share and instruct Biblical Stewardship to individuals and families believing that "it profits a man nothing to gain the whole world and lose his soul" (Mathew 16:26)

## Vision

Members will glorify God by impacting their world for Jesus Christ through teaching and practicing Biblical Stewardship.

## Members

Members of the NACFC will meet the following standards:

- Members will have expressed a testimony to a saving knowledge relationship with our Lord Jesus Christ.
- Members will be fully trained financial service professionals in good standing with their industry regulators.
- Members will have their CRD checked upon joining and annually upon renewal if applicable.
- Members will commit to integrating Biblical financial principles and guidelines into their personal finances.
- Members will offer Biblical Stewardship education, training, or counseling to their clients that includes the concepts of accountability, charitable giving and Biblically/Morally responsible investing.
- Members agree to report any actions, violations, complaints or disciplinary action by regulatory agencies to the President of the association.

# Application

Please return this completed application along with your first year dues payment to:  
1055 Maitland Center Commons, Maitland, Florida 32751

## About You

FULL FORMAL NAME ( MR  MRS  MS  DR)

NICKNAME

CRD NUMBER

TITLE (*President, Registered Representative*)

PROFESSIONAL DESIGNATIONS (*CFC, CLU, LUTCF etc.*)

BROKER DEALER (*If Applicable*)

COMPANY/FIRM NAME

STREET ADDRESS

CITY

STATE

ZIP

DAYTIME PHONE NUMBER

TOLL FREE PHONE NUMBER

FAX NUMBER

CRD NUMBER

EMAIL ADDRESS

WEB SITE

## Your Business Practice

NUMBER OF YEARS WITH FIRM

NUMBER OF SUPPORT STAFF

YEARS WITH FIRM

CRD NUMBER

6 7 24 63 65 66 OTHER: \_\_\_\_\_

NASD LICENSES (*Currently Holding*)

YES NO  
INSURANCE LICENSED?

LIFE HEALTH P&C OTHER: \_\_\_\_\_  
CHECK ALL THAT APPLY

<input type="checkbox"/> AZ	<input type="checkbox"/> DE	<input type="checkbox"/> IL	<input type="checkbox"/> LA	<input type="checkbox"/> MN	<input type="checkbox"/> NV	<input type="checkbox"/> NC	<input type="checkbox"/> PA	<input type="checkbox"/> TX	<input type="checkbox"/> WV
<input type="checkbox"/> AR	<input type="checkbox"/> FL	<input type="checkbox"/> IN	<input type="checkbox"/> ME	<input type="checkbox"/> MS	<input type="checkbox"/> NH	<input type="checkbox"/> ND	<input type="checkbox"/> RI	<input type="checkbox"/> UT	<input type="checkbox"/> WI
<input type="checkbox"/> CA	<input type="checkbox"/> GA	<input type="checkbox"/> IA	<input type="checkbox"/> MD	<input type="checkbox"/> MO	<input type="checkbox"/> NJ	<input type="checkbox"/> OH	<input type="checkbox"/> SC	<input type="checkbox"/> VT	<input type="checkbox"/> WY
<input type="checkbox"/> CO	<input type="checkbox"/> HI	<input type="checkbox"/> KS	<input type="checkbox"/> MA	<input type="checkbox"/> MT	<input type="checkbox"/> NM	<input type="checkbox"/> OK	<input type="checkbox"/> SD	<input type="checkbox"/> VA	<input type="checkbox"/> ALL 50 STATES
<input type="checkbox"/> CT	<input type="checkbox"/> ID	<input type="checkbox"/> KY	<input type="checkbox"/> MI	<input type="checkbox"/> NE	<input type="checkbox"/> NY	<input type="checkbox"/> OR	<input type="checkbox"/> TN	<input type="checkbox"/> WA	

STATE REGISTRATIONS

DESCRIBE YOUR BUSINESS/PRACTICE:

### Business Services/Practices

(*Select all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> CFP®                        | <input type="checkbox"/> Attorney  |
| <input type="checkbox"/> FEE-ONLY Advisor            | <input type="checkbox"/> Accountant / Tax  |
| <input type="checkbox"/> Investment Consultant       | <input type="checkbox"/> Insurance / Annuities   |
| <input type="checkbox"/> Estate Planning             | <input type="checkbox"/> Specialty Product<br>( <i>only markets/sells one specific product</i> ) |
| <input type="checkbox"/> Retirement / Elder Planning |  |
| <input type="checkbox"/> CFCA®                       |  |



## Your Spiritual Background

YES  NO

HAVE YOU ACCEPTED JESUS CHRIST AS YOUR LORD AND SAVIOR?

WHAT IS YOUR CHURCH AFFILIATION?

BRIEFLY SHARE YOUR TESTIMONY:

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HOW DID YOU HEAR ABOUT US?

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## Acknowledgment

Membership in the NACFC is NOT to be construed to be or implied to represent a certification. While a formal designation program is in fact available to members, it requires added training and qualification. Consequently, it is not allowable to represent NACFC as a professional designation. You may use the NACFC logo on marketing materials, and business cards to indicate membership.

By signing below, I represent that all above statements are true and accurate and that I fully subscribe to and embrace the principles contained in the NACFC Core Values.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Submitting Your Application

Please return this application with your membership dues and a recent photo. Your pastor and character letters can follow when they are completed. This will allow us to start the new member process so you can begin enjoying some of the member benefits and programs. Once the two supporting letters arrive, and you have been accepted, you will receive your membership certificate and gain access to all NACFC benefits of membership and programs.

## Join the NACFC

See what God has in store for your business, practice and life.  
Call 877-966-2232 or email [info@nacfc.org](mailto:info@nacfc.org) to request a membership application.

# Recommendation

## Pastoral / Church Leader



Please return this letter of recommendation to the applicant listed below, or send directly to:  
1055 Maitland Center Commons, Maitland, Florida 32751  
**FAX: (716) 204-0904 E-MAIL: JARMSTRONG@NACFC.ORG**

\_\_\_\_\_ is a candidate for membership in the National Association of Christian Financial Consultants, a non-profit professional association. You have been asked to provide a character reference by completing this form or by writing a letter using your own words. We appreciate you taking this time to help us better assess this candidate. This information will be retained on file but not distributed.

### Referrer Information

\_\_\_\_\_  
PASTOR / CHURCH LEADER NAME (MR MRS MS DR)

\_\_\_\_\_  
HOW LONG HAVE YOU KNOWN THE CANDIDATE?

\_\_\_\_\_  
TITLE / POSITION

\_\_\_\_\_  
CHURCH IN WHICH YOU SERVE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP DAYTIME PHONE NUMBER

### Reference Letter

I am pleased to recommend \_\_\_\_\_ for membership in The National Association of Christian Financial Consultants (NACFC). I understand that the mission of the NACFC is "To provide fellowship and educational resources for Christian professional financial consultants seeking to integrate Biblical-based principles within their financial consulting practices". I feel that he/she would greatly benefit from participating in the NACFC and the programs you offer.

He/she has been a member in good standing of our church and I can attest to his/her strong moral character. His/her "walk" and "talk" reflect true Christian behavior.

I have checked the following areas that reflect his/her personal traits and church involvement: *(mark all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> ATTENDS CHURCH REGULARLY      | <input type="checkbox"/> DEMONSTRATES FINANCIAL RESPONSIBILITY |
| <input type="checkbox"/> INVOLVED IN CHURCH ACTIVITIES | <input type="checkbox"/> DEMONSTRATES FAMILY INVOLVEMENT       |
| <input type="checkbox"/> A LEADER IN THE CHURCH        | <input type="checkbox"/> OTHER: _____                          |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

