



I. CHAPTER INFORMATION

Name of Chapter _____
Complete Name of School _____
School Address: Street, City, State, Zip _____

II. AFFILIATION STATUS

We, the undersigned leaders of the above named group desire affiliation with Nurses Christian Fellowship of InterVarsity Christian Fellowship/USA® for the academic year _____. Check the status that applies to your chapter

Initial Affiliation – This application is for initial affiliation. Copies of the following documents are attached:

- Group **constitution**
- Letter of recognition** from your school confirming your status as an official student organization.

Renewal Affiliation -This application is for annual renewal of affiliation. A copy of the current constitution is attached.

- Group **constitution**

All chapters seeking initial affiliation or renewal should send this completed form with attachments to:
Nurses Christian Fellowship, % Chapter Liaison, PO Box 7895, Madison, WI 53707-7895.
Please retain a copy for your records.

III. STUDENT LEADER AND FACULTY ADVISOR AGREEMENT

The student leaders and faculty advisor whose signatures which follow affirm that they have read and agree with the *NCF Purpose Statement* and *Doctrinal Basis* as found at the end of this document.

STUDENT LEADERS:

Name _____ Signature _____ Position _____

Permanent Address _____

Phone # _____ Email _____ Class: __Fr__So__Jr__Sr

Name _____ Signature _____ Position _____

Permanent Address _____

Phone # _____ Email _____ Class: __Fr__So__Jr__Sr

Name _____ Signature _____ Position _____

Permanent Address _____

Phone # _____ Email _____ Class: __Fr__So__Jr__Sr

Name _____ Signature _____ Position _____

Permanent Address _____

Phone # _____ Email _____ Class: __Fr__So__Jr__Sr

**APPLICATION FOR
STUDENT CHAPTER AFFILIATION
PG 2**

Name _____ Signature _____ Position _____

Permanent Address _____

Phone # _____ Email _____ Class: __Fr__So__Jr__Sr

Name _____ Signature _____ Position _____

Permanent Address _____

Phone # _____ Email _____ Class: __Fr__So__Jr__Sr

Name _____ Signature _____ Position _____

Permanent Address _____

Phone # _____ Email _____ Class: __Fr__So__Jr__Sr

FACULTY ADVISOR:

Signature -----

School address -----

Permanent Address -----

Phone # _____ Email -----

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▪ **NCF Purpose Statement**

In response to God's love, grace and truth: The Purpose of Nurses Christian Fellowship, as a ministry of InterVarsity Christian Fellowship/USA, is to establish and advance in nursing, within education and practice, witnessing communities of nursing students and nurses who follow Jesus as Savior and Lord: growing in love— for God, God's Word, God's people of every ethnicity and culture and God's purposes in the world.

▪ **NCF Doctrinal Basis**

As a ministry of InterVarsity Christian Fellowship/USA©, we believe in:

- *The only true God, the almighty Creator of all things, existing eternally in three persons – Father, Son, and Holy Spirit – full of love and glory.*
- *The unique divine inspiration, entire trustworthiness and authority of the Bible. The value and dignity of all people: created in god's image to live in love and holiness, but alienated from god and each other because of our sin and guilt, and justly subject to god's wrath.*
- *Jesus Christ, fully human and fully divine, who lived as a perfect example, who assumed the judgment due sinners by dying in our place, and who was bodily raised from the dead and ascended as Savior and Lord. Justification by God's grace to all who repent and put their faith in Jesus Christ alone for salvation.*
- *The indwelling presence and transforming power of the Holy Spirit, who gives to all believers a new life and a new calling to obedient service.*
- *The unity of all believers in Jesus Christ, manifest in worshiping and witnessing churches making disciples throughout the world. The victorious reign and future personal return of Jesus Christ, who will judge all people with justice and mercy, giving over the unrepentant to eternal condemnation but receiving the redeemed into eternal life.*

To God be glory forever.

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