



King's Castle USA Church Application

Estimated Membership For the Year of 2021

KCUSA Nat'l Director: Rev. Bob Aston KCUSA Asst. Nat'l Director: Rev. JoAnn Riley

Church Name & Address: _____

Name of District & Superintendent: _____

1) Name of Lead Pastor: _____ Phone: (____) _____

2) Name of KCUSA Church Director: _____ Phone: (____) _____

3) Estimate how many members will serve as CASTLE Church Teachers, Classroom Helpers & Students:

Est. Adult Members for Nursery: # _____ Est. Child Members in Nursery (0-2 yrs): # _____

Est. Adult Members for Mini-Castle: # _____ Est. Child Members in Mini-Castle (3-4 yrs): # _____

Est. Adult Members for Castle of Joy: # _____ Est. Child Members in Castle of Joy (5-8 yrs): # _____

Est. Adult Members for Castle Club: # _____ Est. Child Members in Castle Club (9-12 yrs): # _____

Total Est. Members/Children's Workers: # _____ Total Est. Members/Children (K-6th Grade): # _____

Total Est. Outreach Team Leaders: # _____ Total Est. Outreach Team (Adults & Youth): # _____

4) How many **Castle Club Student** Manuals (9-12 yrs) will be needed in: English # _____ Spanish # _____

5) How many of all age-level Teacher Manuals will be needed for:

Nursery: English # N/A Spanish # _____ Castle Club (9-12 yrs): English# _____ Spanish# _____

Mini-Castle: English # N/A Spanish # _____ Youth (1st Level): English# N/A Spanish# _____

Castle of Joy: English # N/A Spanish # _____ Youth (2nd Level): English# N/A Spanish# _____

6) List names of **Department Leaders** who will oversee teachers and helpers at each age level:

Nursery & Mini-Castle (0-4 yrs): _____ Phone: (____) _____

Castle of Joy (5-8 yrs): _____ Phone: (____) _____

Castle Club (9-12 yrs): _____ Phone: (____) _____

Outreach Team (Youth): _____ Phone: (____) _____

7) Our Discipleship Curriculum is currently being revised; meanwhile, you'll receive our most current curriculum for your church. Do you agree to protect and secure that no manuals or portions of manuals are copied or distributed to any other church or individual? _____ *(Initials indicate agreement)*

8) Please initial each item below indicating your church agrees to abide by the following as official members of **KCUSA** and the **AICRAD** (Association of Int'l Members of King's Castle Assemblies of God):

_____ 1. Submit Monthly Church Statistics to **KCUSA** by 15th of following month (i.e.-Jan report due 2/15)

_____ 2. Submit Member Dues of \$1/mo. per "active member" from 5 years to adults *(waived in 2021)*.

_____ 3. Encourage attendance of team leaders at World Summits and Nat'l Invasions on alternate years.

_____ 4. Encourage team leaders to attend District, Regional or National Training Events and Invasions.

_____ 5. Submit outreach materials to **KCUSA** to be shared with other teams (videos of drama, dance, etc.)

_____ 6. Schedule training workshops as needed to equip current members and recruit new members.

_____ 7. Submit drafts of your church's Castle T-shirt designs to **KCUSA** for approval before printing.

_____ 8. Agree to submit Monthly Statistics Reports and Member Dues to **KCUSA** as an active King's Castle Church beginning on: _____, 2021 *(Monthly Dues waived in 2021 due to COVID)*

Signature of Lead Pastor: _____ Print Name: _____

Form completed by: _____ Title: _____ Date: ____/____/____

Signature of District Castle Director: _____ Date: ____/____/____

Submit application to: KCUSA, Attn: Bob Aston, 841 Cochise Trl SE, Conyers, GA 30094

Application for Membership

As of _____, 2021

Church Name & Address: _____

1. Print Names of Teachers & Helpers for **NURSERY**: # _____ (*NO Monthly Membership Dues*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

2. Print Names of Teachers & Helpers for **MINI-CASTLE**: # _____ (*NO Monthly Membership Dues*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

3. Teachers & Helpers for **CASTLE OF JOY**: # _____ (*\$1/Monthly Member Dues – Waived in 2021*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

4. Teachers & Helpers for **CASTLE CLUB**: # _____ (*\$1/Monthly Member Dues— Waived in 2021*)

Last Name,	First Name	Birthdate	Last Name,	First Name	Birthdate
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____
_____	_____	____/____/____	_____	_____	____/____/____

[X] Signatures below confirm that all adult Castle Teachers and Helpers passed Background Checks.

Lead Pastor Signature: _____ Church Castle Director Signature: _____

(Monthly Dues are WAIVED until further notice for churches facing financial hardships from COVID.)

NOTE: List all Adults and Students who want to be “Active Members” to receive a KCUSA membership card.