



The Archdiocese of the Mid-West
Apostolic Anglican Church of America
The Mst. Rev. D. E. Chase
Presiding Archbishop and Patriarch

THE ARCHDIOCESE OF THE MID-WEST DIOCESAN AFFILIATION AGREEMENT

Whereas: the Archdiocese of the Mid-West is the extraterritorial governing jurisdiction of the Apostolic Anglican Church of America for all subordinate dioceses, parishes, societies, orders and affiliate ministries throughout the United States and its territories; 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 parish with the Archdiocese of the Mid-West, and to be governed by the Constitution and Canons of the Archdiocese:

Now, Therefore; be it known that _____, in the city of _____, _____, a diocese of the Apostolic Communion of Anglican Communion has affirmed the statement of faith and has adopted the Diocesan Covenant and has voted to become a member parish of the Archdiocese of the Mid-West.

For the Diocese:

_____ Diocesan Council

_____ Bishop Ordinary

Be it further known that the Archbishop of the Archdiocese of the Mid-West has on this _____ day of _____, 20_____, approved this affiliation.

For the Archdiocese of the Mid-West:

_____ Council President

_____ Presiding Archbishop



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NEW DIOCESAN AFFILIATION

Please complete and return the below form along with the signed Diocesan Affiliation Agreement to the Archdiocese of the Mid-West. For questions email: info@archdmidwest.org

Name of Diocese: _____

Name of Bishop: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Secondary Phone: _____

Website: _____

Email: _____

Is this location open to the public? ___ YES ___ NO

Cathedral Address: _____

Cathedral City: _____ State: _____ Zip: _____

Ecclesial Affiliation: _____

Diocese/Bishop: _____

Programs Offered: _____

