

REQUEST FOR ONA DESIGNATION

Organization Name:

Date (mm/dd/yyyy)

Mailing
Address

City

State

Zip code:

Location Address (if different from above):

Phone:

E-mail:

Website:

Facebook:

Twitter:

Pastor:

Church Membership:

Pastor's E-mail

Church # (Office Use Only)

UCC Conference:

Association

Conference Minister:

Conference Minister's E-mail:

Standing
in UCC

If "Other" please explain

Name of person submitting information:

E-mail

Relationship to organization:

Daytime phone:

SEE PAGE 2: ONA COVENANT TEXT AND INFORMATION REQUIRED

Date ONA covenant was adopted:
(mm/dd/yyyy)

How ONA covenant was adopted (*congregational vote, etc.*):

Please list information for two or more ONA contacts:

ONA Contact Name: Phone: E-mail

ONA Contact Name: Phone: E-mail

ONA Contact Name: Phone: E-mail

ONA Contact Name: Phone: E-mail

Full text of ONA Covenant

If necessary, include addition information on separate sheet.

**RETURN THIS FORM to ONA@OpenandAffirming.org
or mail to Open and Affirming Coalition, 700 Prospect Ave., Cleveland, OH 44115**
