



**Act of Faith (by any other name) Enrollment Form
for inclusion on the AoF website**

AoF Name: _____

Where is it located? Online? Where? _____

Physical location (city, state) _____

Brief Description of this group (take more space, if needed):

Who can our office contact to learn more? _____

Email: _____ Phone: _____

If the AoF is currently online, please note web address here:

Name of any sponsoring group/church? _____

Email: _____ Phone: _____

(note – sponsoring group’s contact information will be published online unless you request it not be)