

# Supportive Communities Network Response Form

Congregation/Community: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

[ ] Yes, our congregation/community wants to join the Supportive Communities Network

- We have adopted a public statement of welcome [please attach]
- SCN may list us as a Publicly Affirming Community
- We have appointed an SCN contact person
- We will contribute a minimum of \$200 annually towards the work of SCN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Please send this form plus any related statements that your community has adopted to:

Supportive Communities Network  
PO Box 6300  
Minneapolis, MN 55406