

**ASSOCIATION OF COVENANT SPIRITUAL DIRECTORS**

**APPLICANT RECOMMENDATION**

**NETWORK REFERENCE FORM**

Applicant Name \_\_\_\_\_

Regional Conference SD Network \_\_\_\_\_

Name \_\_\_\_\_

Role \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

The above applicant is currently a committed (covenanted) member of our \_\_\_\_\_ Conference  
Spiritual Direction Ministry.

On the basis of our discernment of call, giftedness and spiritual maturity, we recommend that the  
association accept this person as a member.

Signed (Network Officer) \_\_\_\_\_

Date \_\_\_\_\_

Please mail to:  
ECC – Finance  
Attn: ACSD Membership  
8303 W. Higgins Rd.  
Chicago, IL 60631

Or electronically to:  
admin@eccacsd.org

Any additional comments regarding this applicant’s qualifications welcome here: