

# OFFICIAL AFFILIATE RESOURCE CENTER COVENANT AGREEMENT PACKET

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail Address

(herein after referred to as “Affiliate”).

## Administrative Headquarters:

**Vision International Education Network**  
1115 D Street  
Ramona, CA 92065  
Phone: 760-789-4700

(herein referred to as “Network”)

[ ]

Affiliate/Client Representative Initials

[ ]

Network Representative Initials

**AFFILIATE RESOURCE CENTER  
COVENANT AGREEMENT**

This Affiliate Covenant Agreement in current revision has been approved on this day, \_\_\_\_\_:

Between

**Vision International Education Network**

1115 D Street

Ramona, CA 92065 USA

(herein after referred to as “Network”),

and

Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail Address

(herein after referred to as “Affiliate”).

**BE IT RESOLVED THAT**, one of the missions of Vision International Education Network (hereby referred to as “Network”) and affiliated organizations is the development and assisting of National and International ministries to fulfill their vision of Theological, Ministerial and related training for their people. The “Network” strongly believes in the indigenous principle, that is, that the best people to teach, train and release God’s people into effective service through our leaders in the local church. With that in mind, the following principles of agreement are presented to those who choose to affiliate with the “Network” as a Resource Center.

[ \_\_\_\_\_ ]

Affiliate/Client Representative Initials

[ \_\_\_\_\_ ]

Network Representative Initials





leadership conference, where Vision and your local outreach can be featured, affirmed and extended. Arrangements are to be made as soon after affiliation as possible.

**FINALLY**, the name of the affiliated Resource Center is to be

\_\_\_\_\_

upon mutual agreement of both parties.

The affiliated Resource Center Director is to be \_\_\_\_\_

**SIGNED AND DATED**, hereby executing the terms of this agreement and any provisions thereof.

By \_\_\_\_\_  
Affiliate Representative                      Date

By \_\_\_\_\_  
Ministry Overseer                              Date

Affiliate Name: \_\_\_\_\_  
*(Please Print Clearly)*

Affiliate Name: \_\_\_\_\_  
*(Please Print Clearly)*

By \_\_\_\_\_  
World Zone Leader                              Date

Network Zone: \_\_\_\_\_  
*(Please Print Clearly)*

***Final Approval:***

By \_\_\_\_\_  
International President                      Date  
Stan E. DeKoven, Ph.D.

**Addendums (as necessary):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_