

## **Global Christian Ministry Network**



## $\underset{\text{Please print legibly}}{\textbf{Affiliate Application Form}}$

Ministry Organization	Name			
Address				
City			State:	ZIP:
Web address: _			<del></del>	
Phone:				
Contact E-mail	address;			
EIN#				
State ID #				
Primary Ministry Type: (Check only one)	Church	Foreign Missions	Chaplaincy	Evangelism
(Check only one)	Counseling _	Social Welfare	Itinerant Ministry_	Music/Arts
	Other (desc	ribe)		
Corporate Board Inform	mation			
Board Member	Names:			
Presid	ent			
Vice P	resident			
Secret	ary			
Treasu	urer			
Board	Member at La	rge		
Board	Member at La	rge		
Spiritual Leadership Te	eam			
Senior or Lead	Pastor / Elder	/ Director:		
Ministry Elders	/ Program Dire	ectors:		

Organiz	ational Financial Information:					
	Approximate annual income revenue:	\$				
	Approximate % for salaries:	\$				
	Approximate total debt (including mortgage)	\$				
	Approximate number of giving units (families)					
	Does your ministry own a facility?YesNo					
	Do you rent office space or meeting facilityYes	No				
Ministry	Information:					
	Approximate regularly scheduled ministry events per	month:				
	Approximate attendance per ministry event (not coun	ting staff members):	(if applicable)			
	Approximate number of one-on-one ministry events p	er month	(if applicable)			
	Briefly describe typical event ministry format (s):					
	Primary Events:					
	Secondary Events:					
	Number of officially called board meetings per quarte	r with recorded minutes:				
	Number of elder or staff meetings per quarter (With multiple attendees and not including in	oformal or spur of the moment meeti	ngs)			
•	Please include a copy of your ministry's constitution a	and bylaws with the application				
•	Please include a copy of last year's financial statement with the application					
•	Please include a \$ 250.00 application fee made paya	ble to <i>Global Christian Ministry Ford</i>	ım			
	e of organization president					