

COMMUNION
of
Evangelical Christian
MINISTERS & CHURCHES
Walking Together on the Journey of Life and Ministry

Application for Church Affiliation
To be completed by church secretary.

Name of Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ FIN: _____

email: _____

State of Incorporation: _____ Approx. number on church roll: _____

Status of church property: Rent Lease Own

Does the church currently have a pastor? Yes No

Name of Pastor: _____ Phone: _____

Spouse's Name: _____

Current Sunday School Enrollment: _____

Does the church currently have a youth Program? Yes No

Level of fellowship desired with the CECMC? Affiliate Full Communion

Please include the following documents:

- List of three current officers of the church and their contact information.
- A copy of the church's by-laws
- Any other documentation you believe would be pertinent.

Church Secretary's Signature: _____ Date: _____

Please forward all materials to:
CECMC • P.O. Box 2466 • West Columbia, SC 29171 • ATTN: Credential Committee