

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

Application for Ministry Organization Affiliation
To be completed by organization's secretary or president.

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ FIN: _____

email: _____

State of Incorporation: _____ Country: _____

Date of Incorporation: ____/____/____ *Please include a mission statement.*

Is this organization a ministerial credentialing body? Yes No

Number of affiliates: Churches _____ Ministers _____

Name of President: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Name of Secretary: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Status of ministry property: Rent Lease Own Since: ____/____/____

Church Secretary's Signature: _____ Date: _____

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