



UNITED STATES MEMBERSHIP APPLICATION

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PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

MINISTRY TYPE (CHECK ONE)

Church Outreach

Title/Name _____ Spouse's Title/Name _____

Birthday (Month/Day) _____ Spouse's Birthday (Month/Day) _____

Home Address _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

Home Phone _____ Fax _____

Ministry Name _____

Ministry Street Address _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

Ministry Phone _____ Fax _____

Ministry Postal/Mailing Address _____

City _____ State/Province _____ Zip Code/Postal Code _____ Country _____

E-mail _____ Web site _____

Year Ministry Was Established _____ No. of Members _____ No. of Partners _____

CHURCH/OUTREACH MINISTRY REQUIREMENTS:

- o History of the Leader's and Ministry's Growth
- o Ministry Vision
- o Statement of Beliefs
- o Copy of Ministry License/Ordination Certificate
- o Letter of recommendation from a colleague in the ministry must be submitted with your application.
- o Photo of Ministry Leader
- o Articles of Incorporation and Bylaws
- o 501(c) 3 Certificate (1-year grace period)
- o Annual Membership Fee of \$250.00

Note: In order to start the approval process, all paperwork must be received.