

Covenant Life Ministries Church/Ministry Affiliation Application

DATE _____

INSTRUCTIONS:

This application must be filled out in duplicate.

Please include with this application:

1) A copy of the Church *Articles of Incorporation*

2) A copy of the *Constitution and By-Laws*

3) An application fee of \$125.00 (After January 31st \$150) (see attached information sheet for more details)

Employee's Identification # _____

Church Name _____

Telephone (____) _____ Fax (____) _____

E-mail _____

Street Address _____

City, State, Zip _____

Mailing Address (if different) _____

Phone (if different) (____) _____

Pastor _____

Address _____ City, State, Zip _____

Church Treasurer/Administrator _____ Church Secretary _____

Address _____ City, State, Zip _____

Is the church incorporated? Yes No By-Laws? Yes No Statement of Faith? Yes No

Do you have a church membership listing? Yes No Number of members _____

Average Church attendance _____

Church Service Times:

Sunday A.M. _____ Sunday P.M. _____ Other: _____

Return This Application With Your Enclosures and a check to CLM for \$125 To:

Covenant Life Ministries, 767 Lee Road, Clyde, NC 28721