

Covenant Life Ministries
Church/Ministry Affiliation Renewal Application

DATE _____

Annual Church/Ministry Dues \$125.00 After January 31st \$150.00
(see Credential Information for more details)

AMOUNT ENCLOSED \$ _____

Please Make All Checks Payable To: Covenant Life Ministries

Church/Ministry 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/ministry a member of another denomination or fellowship group? Yes No

If so, which denomination or fellowship group? _____

Church Service Times:

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

Return This Application With Your Enclosures and a check to CLM for the requested amount to:

Covenant Life Ministries
767 Lee Road, Clyde, North Carolina 28721
Office: (828) 627-9000 Fax: (828) 627-1300

Please read the Ministry Credential Information document before submitting application.

OFFICE USE ONLY

Date Received _____

Payment Received _____

Processed By _____

Date Processed _____