

OFFICE USE ONLY
Check # _____
Amount \$ _____
Date _____
Initial _____
Bal. Due _____

# CMI International

P.O. Box 11228, Fort Wayne, IN 46856-1228 USA  
 Phone (260) 489-1381 • Fax (260) 489-1336  
 Email: [info@cmifellowship.com](mailto:info@cmifellowship.com)



## CHURCH/ORGANIZATIONAL RENEWAL FORM

ANNUAL CHURCH MEMBERSHIP FEE: \$250.00 Date \_\_\_\_\_

Please fill out completely, enclose proper renewal fee and send to CMI office. All Renewal Forms and supporting material are the property of CMI. **NON-RENEWAL PENALTY NOTICE:** If payment of renewal is not completed by March 31, an additional \$50.00 penalty will be added to renewal fee. If completed application is not returned by June 30, membership status becomes inactive.

1. Ministry Name \_\_\_\_\_

2. Incorporated Name (Only if different from ministry name) \_\_\_\_\_

3. Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

5. Email Address \_\_\_\_\_

6. Pastor's Name \_\_\_\_\_

7. List Corporation Officers:

A. President \_\_\_\_\_

B. Vice-President \_\_\_\_\_

C. Secretary \_\_\_\_\_

D. Treasurer \_\_\_\_\_

E. Additional Directors and/or Board Members (Attach separate sheet if necessary):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

8. List Church Elders (Attach separate sheet if necessary):

A. \_\_\_\_\_ C. \_\_\_\_\_ E. \_\_\_\_\_

B. \_\_\_\_\_ D. \_\_\_\_\_ F. \_\_\_\_\_

9. List Church Deacons (Attach separate sheet if necessary):

A. \_\_\_\_\_ C. \_\_\_\_\_ E. \_\_\_\_\_

B. \_\_\_\_\_ D. \_\_\_\_\_ F. \_\_\_\_\_

10. Please attach a copy of any changes to your church By-Laws or Articles of Incorporation this past year.

11. Please attach a copy of your annual Financial Statement, which includes your Income and Expense, and your Balance Sheet, which includes your Asset and Liability.

12. Please attach a copy of your Annual Corporation Business Meeting Minutes.

13. When will you celebrate your church or organizational anniversary this next year? \_\_\_\_\_  
 How old? \_\_\_\_\_

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**MASTERCARD, VISA & DISCOVER HOLDERS**

Card No. \_\_\_\_\_ V<sup>n</sup> (Verification) Code – 3 digits at end of signature line \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Address of Card \_\_\_\_\_

Signature \_\_\_\_\_ Amount \_\_\_\_\_