

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



CHURCH/ORGANIZATIONAL APPLICATION

Application Fee: \$250.00

1. Date _____
2. Ministry Name _____
3. Incorporated Name _____
(Only if different from ministry name)
4. Address _____
Mailing Address _____
City _____ State _____ Zip _____
5. Telephone Number (_____) _____
6. Fax Number (_____) _____
7. E-mail Address _____
8. Pastor or Director's Name _____
9. Pastor or Director's Telephone Number (_____) _____
10. List Corporate Officers:
 - A. President _____
 - B. Vice-President _____
 - C. Secretary _____
 - D. Treasurer _____
 - E. Additional Directors and/or Board Members:

11. **If a Church, List Elders** (attach separate sheet if necessary):

A. _____	F. _____	K. _____
B. _____	G. _____	L. _____
C. _____	H. _____	M. _____
D. _____	I. _____	N. _____
E. _____	J. _____	O. _____
12. **If a Church, List Deacons** (attach separate sheet if necessary):

A. _____	F. _____	K. _____
B. _____	G. _____	L. _____
C. _____	H. _____	M. _____
D. _____	I. _____	N. _____
E. _____	J. _____	O. _____

13. **Please attach copies of the following:**

- A. Articles of Incorporation.
- B. By-Laws.
- C. Statement (Doctrinal) of Faith.
- D. Certificate of Incorporation from the State.
- E. Financial Statement including corporation asset and liability.
- F. Photo of facility and/or property.

14. **What is the Corporation's Employer Identification Number?** E.I.N. # _____

15. **Does the Corporation request coverage under CMI's general blanket tax exempt status?** Yes No
• If yes, please attach a letter requesting such coverage signed by the President.

16. **CORPORATE RESOLUTION**

This is to certify that _____
(Name of Ministry)

at _____
(Address of Ministry)

conducted a special duly called business meeting on _____ *accepting the following resolution:*
(Date)

"BE IT HEREBY RESOLVED THAT _____
(Name of Ministry)

with its duly called membership met on _____
(Date)

for the purpose of applying to the Calvary Ministries, Inc., International for membership as a Fellowship Ministry in affiliation with CMI International; and, does hereby declare its desire to affiliate with CMI International."

"BE IT FURTHER RESOLVED THAT _____
(Name of Ministry)

is fully aware of all the ministries of CMI International under the Fellowship status, and will co-operate and participate in the CMI International as a Fellowship Ministry."

"BE IT FURTHER RESOLVED THAT *this affiliation in no wise violates or jeopardizes the autonomy of this local, self-governing body. This affiliation is a voluntary act. CMI International has no legal recourse to the property of this corporation except by contractual arrangement."*

The following certify that the above is true and correct:

President _____ Date _____

Vice-President _____ Date _____

Secretary _____ Date _____

Officer (Optional) _____ Date _____

Officer (Optional) _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

MASTERCARD & VISA HOLDERS

Card No. _____ "V" (Verification) Code – 3 digits at end of signature line _____

Expiration Date _____ Billing Address of Card _____

Signature _____ Amount \$ _____

FOR OFFICE USE ONLY BELOW THIS LINE

Acceptance by CMI International

Overseer and/or President _____ Date _____

Vice-President _____ Date _____

Director _____ Date _____

Director _____ Date _____