



FREEDOM

Christian Ministries Association

"Diverse Christian Beliefs Embraced and Understood"

(An outreach of Concepts of Freedom Ministries, Inc.®)

P.O. Box 1060 Rogers, Arkansas 72757-1060
501-636-7497 800-494-7497 (USA and Canada only)
Revised 9-2000

Application for Membership or Affiliation

This profile must be completed and signed and notarized (or certified) before it will be processed. Do not leave blank spaces. If you have any questions, please call or E-mail.

Part I: Type of Request (check one)

Member Status _____

Affiliate Status _____

Benefits of Affiliate Status

Affiliates are independently controlled and operated in cooperation with FCMA.

Affiliates are not charged any fees.

Affiliates are free to display the Affiliate Seal on any and all publication.

Benefits of Member Status

Members are under the direction of FCMA, but locally governed.

Members are free to operate under their own guidelines, visions and goals.

Members fall under the 501(c)3 non profit tax umbrella of FCMA.

Members are incorporated in the U.S. by FCMA.

Members are free to display the Member Seal on any and all publications.

Members will be given first consideration in areas of support (no financial support is promised or indicated).

Members are free to seek legal advice (not necessarily representation) from the Concepts of Freedom corporate attorney.

Members will be eligible for tuition discounts at Freedom Bible College and Seminary (must be requested upon enrollment)

Members must include a payment of US\$50 to cover incorporation costs.

Members must include a lifetime membership fee of \$150.

Part II: President/Pastor Information

Title _____ Last Name _____ First _____ Middle _____

Street Address _____ City _____ State _____

(Country) _____ Postal Code _____ E-Mail _____

Birth _____ - _____ - _____ SS Number _____ / _____ / _____ / Sex _____

Home Phone _____ Office Phone _____ Fax _____

Do you presently hold Ministerial credential(s)? _____ Type _____

Name of the issuing organization _____ Date of issue _____

Are you presently active with that organization? _____

Do you plan to request license or ordination through Concepts of Freedom Ministries? _____

Part III: Church/Ministry Information

Church/Ministry Name _____ Church Phone _____

Church/Ministry Address _____ City _____ State _____

(Country) _____ Postal Code _____ E-Mail _____

Web Page _____

Year Established _____ Incorporated? ____ Presently Affiliation (If any) _____

Do you have a church board in place? _____ How many board members? _____

Average number of attendance for typical services? _____

Part IV: Support Information

Would you like to schedule a revival or crusade with *Joel Philip Church Ministries*? ____ (yes) ____ (no)
(Contact the office or visit <http://freedomministries.com/jpcm.html> for details)

Do you plan to endow FCMA with church tithes (not required)? ____ (yes) ____ (no)
If yes, in what amount? \$ _____ Weekly ____ Monthly ____ Annually ____

Do you plan to endow FCMA with freewill offerings (not required)? ____ (yes) ____ (no)
If yes, in what amount? \$ _____ Weekly ____ Monthly ____ Annually ____

Would you like to adopt *Freedom Missions Relief* as your missions outreach? ____ (yes) ____ (no)
If yes, in what amount? \$ _____ Weekly ____ Monthly ____ Annually ____
(Contact the office or visit <http://freedomministries.com/fmr.html> for details)

Part V: Associate Ministers

Title ____ Name _____ Area of ministry _____

Title ____ Name _____ Area of ministry _____

Title ____ Name _____ Area of ministry _____

Title ____ Name _____ Area of ministry _____

Title ____ Name _____ Area of ministry _____

Title ____ Name _____ Area of ministry _____

Title ____ Name _____ Area of ministry _____

Title ____ Name _____ Area of ministry _____

(Attach additional pages if necessary)

Part VI: Board Members

Title ____ Name _____ Position _____

Address _____ Phone _____ E-Mail _____

Title ____ Name _____ Position _____

Address _____ Phone _____ E-Mail _____

Title ____ Name _____ Position _____

Address _____ Phone _____ E-Mail _____

Title _____ Name _____ Position _____

Address _____ Phone _____ E-Mail _____

Title _____ Name _____ Position _____

Address _____ Phone _____ E-Mail _____

Title _____ Name _____ Position _____

Address _____ Phone _____ E-Mail _____

(Attach additional pages if necessary)

Part VII: Affirmation

(To be signed by the pastor/president on behalf of the board and the church or ministry):

By signing below I affirm and acknowledge...

...that I will uphold the standards of the Bible which is the only and true source of divinely written oracles of God.

...that I will be true to the Christian faith.

...that I will be true to the calling in which my Lord has entrusted me.

...that I will endeavor to live a life before God and man that is exemplary of Christian service.

...that I will endeavor to live a life that not bring reproach to Concepts of Freedom Ministries, Inc., Freedom Christian Ministries Association, Inc., Freedom Bible College and Seminary, ...Inc., Freedom Cathedral, Inc., or any other outreach or ministry of CFM.

...that I freely give permission to CFM to conduct a National Agency Check or other investigations as CFM deems necessary.

...that the laws of the State of Arkansas, USA shall apply.

...that I will voluntarily surrender all affiliation, certification, licenses or ordination issued by CFM if I violate any of the above affirmations.

Signature _____ Date: _____ - _____ - _____

Part VIII: Notary

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____ A.D., 20 _____

Signature of Notary Public _____

Name of Notary Public (print your name) _____

My commission expires: (list date of commission expiration). _____

(For CFM use only)

Approved: _____ Denied: _____

By: _____

Date _____