

Evangel Fellowship International - Church Membership Application

Name of Church/Ministry		EIN#	
Address			
City	State	Zip	
Church Phone	Fax		
E-Mail			
Website			
Senior Pastor's Name		Ordination <input type="checkbox"/>	
Name of Spouse		Ordination <input type="checkbox"/> License <input type="checkbox"/>	
Senior Pastor's Address			
City	State	Zip	
Home Phone	Cell Phone		

If other members of the church leadership require credentials, give details on page 2.
 Current EFI member recommending your church for affiliation:

Name:		Signature:	
Address:	City:	State:	Zip:
We will support EFI with 1% of our undesignated income on a monthly basis: <input type="checkbox"/>			
Please attach Articles of Incorporation and Federal EIN letter			Yes <input type="checkbox"/>
Please attach Constitution, Bylaws, and Statement of Faith			Yes <input type="checkbox"/>
Does your church keep record of finances and minutes? (required by IRS)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your church recognized separately by the IRS as a 501c3?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you wish to be included in IRS Group Exemption Number 8044 for 501c3 coverage?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the church a member of another denomination or fellowship?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give the name of the organization:			
Times of regular meetings:			
Payment			Total:
Application Fee		\$25	\$25
Annual Membership Dues		\$300	\$300
Additional credentials: (from page 2)	Couples	#___@\$150 =	\$
	Individuals	#___@\$100 =	\$
Total due			\$
Make checks payable to Evangel Fellowship International			
Amex Disc MC Visa	Card #	Exp.	CVV
Name on card		Signature	

Return this form with your payment to: Evangel Fellowship International, PO Box 326, Conway, SC 29526.
 Phone: (843) 347-6184 Fax: (843) 347-3776

EFI Office Use Only:

Date received	Amount received
Processed by	Date processed
Region	Clergy cards sent

Additional members (copy this page if necessary)

Name of Church

Minister's Name	Ordination <input type="checkbox"/>	
Position in your church	License <input type="checkbox"/>	
	Christian Worker's certificate <input type="checkbox"/>	
Name of Spouse	Ordination <input type="checkbox"/>	
Position in your church	License <input type="checkbox"/>	
	Christian Worker's certificate <input type="checkbox"/>	
Address		
City	State	Zip
Home Phone	Cell Phone	

Minister's Name	Ordination <input type="checkbox"/>	
Position in your church	License <input type="checkbox"/>	
	Christian Worker's certificate <input type="checkbox"/>	
Name of Spouse	Ordination <input type="checkbox"/>	
Position in your church	License <input type="checkbox"/>	
	Christian Worker's certificate <input type="checkbox"/>	
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City	State	Zip
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Minister's Name	Ordination <input type="checkbox"/>	
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	Christian Worker's certificate <input type="checkbox"/>	
Name of Spouse	Ordination <input type="checkbox"/>	
Position in your church	License <input type="checkbox"/>	
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Minister's Name	Ordination <input type="checkbox"/>	
Position in your church	License <input type="checkbox"/>	
	Christian Worker's certificate <input type="checkbox"/>	
Name of Spouse	Ordination <input type="checkbox"/>	
Position in your church	License <input type="checkbox"/>	
	Christian Worker's certificate <input type="checkbox"/>	
Address		
City	State	Zip
Home Phone	Cell Phone	