



RECOMMENDER / REFERENCE FORM 3-12

CMA MEMBER:

CO-WORKER:

PAST MINISTRY LEADER :

DATE: __/__/____

APPLICANTS NAME: _____

RECOMMENDER NAME: _____ (OCCUPATION) _____

RECOMMENDER CONTACT INFORMATION:

Address: _____

Phone/_____ Email/_____

As a Recommender you are entering into a relationally accountable friendship with the applicant.

According to CMA by-law 4.1 the recommender agrees to abide by the following:

Membership

4. Those seeking membership are requested to make a formal application. Their record will be investigated and a decision of the Board of Directors shall be submitted to the annual general meeting of the Corporation for final approval by the majority vote.

a. All applications for membership must be born again and must have received the baptism of the Holy Spirit according to Acts 2:4

b. All applicants for membership must fulfill the moral qualifications listed in 1 Timothy 3 and Titus 1.

c. All applicants for membership shall be requested to subscribe to the statement of faith, giving explanation on any points with which they differ.

d. New applicants must have their application recommended by a member of the Corporation, and must attend the annual meeting at which their application for membership is to be submitted for final approval.

1/ The recommender will provide ongoing accountability for the new member and will be responsible to the Board of Directors.

2/ If for any reason the recommender is unable to continue to provide ongoing accountability, the recommender must notify the Board of Directors and the member affected. It shall be the responsibility of the member to obtain an alternate recommender.

How long have you know the Applicant: _____

(If less than 6 months state how you came to recommend the applicant)

Explain your relationship with the Applicant: _____



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APPLICANTS NAME: _____

Please comment briefly on the following:

- Treatment of spouse(if married): _____
- Treatment of children: _____
- Treatment of extended family: _____
- Ministry involvement / co workers/Congregants :

Describe the Applicants financial history/work or support: _____

Describe the Applicants moral integrity: _____

Describe the Applicants humility and evidence of the fruit of the Spirit in daily life: _____

Describe the Applicants ministry relationships with other City Church and Ministry leaders: _____

In your opinion does the Applicant meet the Scriptural requirements of 1 Tim 3 & Titus 1:

Has the Applicant given you permission to share with the board of Directors any concerns you may have:

Is the Applicant willing for you to be involved in any disciplinary action that may be necessary:

**In choosing to be a recommender you agree to be contacted and interviewed for any additional comments
Or questions relating to your recommendation:**

Signature: _____