



Faith Christian Fellowship International

"What's important to you is important to us."



6400 National Rd. East #797, Richmond, IN 47374 ~ Phone: (765) 962-4406 ~ Fax: (765) 935-3961 ~ Web: www.fcfi.us ~ Email: info@fcfi.us

APPLICATION FOR CHURCH/MISSION ORGANIZATION MEMBERSHIP

Please type or print clearly

We are applying for: _____ Charter Membership \$125.00 annually
_____ **501c3 Coverage is needed**
_____ Non-Charter Membership \$100.00
We currently have 501c3 Coverage, however, we need a national fellowship covering

Please include the appropriate application fee with this application

Ministry Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Cell Phone: _____ Website: _____
Officer/Pastor Name: _____

Is the ministry incorporated? Yes ___ No ___ If so, when? ___/___/___ What state? _____

What is your Federal I.D. Number? _____ (Required for Charter Membership)

Does the ministry have a statement of faith? Yes ___ No ___ **(Please enclose a copy with this application)**

Type of Ministry:
_____ Church _____ Local Ministry _____ Missionary _____ Mission Organization

Briefly explain your ministry: _____

Do you have professional liability insurance? Yes ___ No ___ Do you have property insurance? Yes ___ No ___

Have you had any lawsuits against your church/organization? Yes ___ No ___ If yes, please explain _____

Do you plan to license or ordain ministers under this charter? Yes ___ No ___

What other fellowships, organizations, or associations do you belong to _____

Have you read the Faith Christian Fellowship Constitution and Bylaws? _____ Yes _____ No

Do you agree with Faith Christian Fellowship Statement of Faith? _____ Yes _____ No

If your ministry already has a constitution and by-laws, please sign the copies of this resolution and attach (2) copies of the ministry constitution with the application for charter membership.

In the minutes of... _____
Name of Ministry

of _____
Address City State Zip

At an officially called meeting of this ministry on _____ the following resolutions were passed and made an official part of the constitution.

1. **RESOLVED:** That this ministry shall now file an application to be an affiliated member of FCFI. All conditions required for affiliation will be promptly met.
2. **RESOLVED:** That the purpose of this ministry is limited exclusively to religious, charitable, and educational activities. All properties of this ministry shall be held in the name of the ministry, and not individually owned and shall be irrevocable devoted to religious work. No part of the net income of this ministry shall inure to the benefit of any private individual or member.
3. **RESOLVED:** That in the event of dissolution, the following provisions are made:
 - a. All material and financial assets of this ministry shall be assigned to a religious organization, which is recognized by the U. S. Treasure Department as having tax-exempt status. See article IX constitution and by-laws of FCFI.
 - b. Under no circumstances will the assets of this ministry accrue to the personal benefits of an individual.
4. **RESOLVED:** That this ministry shall be governed by officers, including a secretary and treasurer and an annual business meeting will be held. Accurate records of all business meetings and financial matters pertaining to the ministry will be kept by an official member of the ministry.

Trustees(Minimum of 3)	Title	Address	SS#
1.	President		
2.	Vice President		
3.	Treasurer		
4.	Secretary		
5.	Trustee		

President's Signature

Secretary's Signature

Treasurer's Signature

Trustee's Signature

BEFORE ME, A NOTARY PUBLIC, in and for said City and State personally appeared the above mentioned officer(s) who acknowledge that items contained in this document are true.

WITNESS my hand and NOTARIAL SEAL this _____ day of _____, 20 .

MY COMMISSION EXPIRES:

NOTARY PUBLIC

State of _____ County of _____

STATEMENT OF TRUTH

I understand that all items submitted to Faith Christian Fellowship International (FCFI) as part of the application process, becomes the permanent property of FCFI and will not be returned.

I understand that any application fee and dues paid to FCFI will be retained by FCFI and will not be returned or refunded unless this application is denied. Then a \$10.00 handling fee will be retained.

This application will be held in confidence. Only those persons with a need to know will review it. I grant FCFI and its leadership, permission to verify the information provided on this application.

I hereby state that the information contained on this application is correct and true. If FCFI is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation of issued credentials.

I hereby understand that the integrity of our Lord and Savior Jesus Christ and the standards and articles of faith of FCFI will be maintained at all times. If for any reason there is a breach of those standards, I understand that this application and any issued credentials can and will be revoked and terminated by the decision of the board of directors of FCFI.

Officer's Signature

Date

FOR OFFICE USE ONLY

_____	Approved	Date: _____

<i>Officer's Signature</i>		
_____	Approval Denied	
Reason for Denial _____		

Amount Received	\$ _____
Date Received	_____
Check Number	_____

Date New Member Paperwork Sent:	
