



## ORGANIZATION MEMBERSHIP APPLICATION

*Please use black ink and print clearly.*

NAME OF ORGANIZATION \_\_\_\_\_

EMPLOYER ID (EIN#) \_\_\_\_\_ *(please send a copy of EIN)*

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

### PRESIDENT'S INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IS THE ORGANIZATION INCORPORATED? ☐ Y ☐ N

DATE OF INCORPORATION (MDY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

STATE OF INCORPORATION \_\_\_\_\_ *(please send a copy of Inc.)*

DO YOU HAVE A CONSTITUTION? ☐ Y ☐ N *(please send a copy of Const.)*

DO YOU HAVE BY-LAWS? ☐ Y ☐ N *(please send a copy of By-laws)*

TYPE OF MINISTRY \_\_\_\_\_

DOES YOUR ORGANIZATION KEEP MINUTES AND ACCURATE FINANCIAL RECORDS?

☐ Y ☐ N

MINISTER ENDORSER \_\_\_\_\_

*Print name (must be current member of THE FELLOWSHIP)*

MINISTER'S SIGNATURE \_\_\_\_\_

DOES YOUR ORGANIZATION HAVE ITS OWN 501(c)3? ☐ Y ☐ N *(If yes, please send a copy of your IRS determination letter)*

Please call The Fellowship Network office at 214-492-1254 if you would like to pay with a Credit Card or if you would like to use the Finance Plan. Plan includes a \$25 finance charge and is paid on a schedule 4 equal payments over a 4 month period.

ORGANIZATION MEMBERSHIP FEE IS \$300 ANNUALLY AND MUST ACCOMPANY APPLICATION.

**MAIL TO: THE FELLOWSHIP NETWORK, 1000 N. Belt Line Road Suite 105, Irving TX 75061-4000**