



Please send completed form to credentials@mcusa.org or mail to PO Box 9127, Fort Wayne, IN 46899

APPLICATION FOR CHURCH MEMBERSHIP

Church Name _____

of _____
Street Address City State Zip County

at a meeting duly called for that purpose on _____ having been fully informed concerning the doctrine and practices of the Missionary Church, and being in full agreement therewith, by a vote of _____ decided to adopt the Constitution of the Missionary Church and to make application for full membership in the Missionary Church.

In support of this application we submit the following information:

Date church was organized or will be organized: _____

Current Number of Members _____
(please attach a membership list - must have 15 baptized adult members 16 years or older)

Average Attendance: Morning Worship _____ Evening Service _____
Sunday School/ Small Groups _____ Midweek _____

Value of Property Owned: Church: \$ _____ Parsonage (or other buildings) \$ _____

Name of Pastor _____

Address of Pastor _____

Pastor's Phone Number _____ Church's Phone Number _____

Email Address _____

Church Mailing Address _____
If different than meeting place

Previous Denominational Affiliations, if any _____

Employer Identification Number _____
(Upon approval, the denominational office will apply for this number. If a number already has been obtained, the denominational office will notify the IRS of the status change.)

Please answer the following if you do not have an Employer Identification Number:

Date wages will be paid _____

Number of employees _____

Will wages of \$4,000 or less be paid during the calendar year? ___ Yes ___ No

Will the church have employees who will receive W-2 forms? ___ Yes ___ No

Ethnicity, if not Anglo:

___ African American ___ Brazilian ___ Filipino ___ Haitian ___ Hispanic ___ Jamaican
___ Japanese ___ Korean ___ Nigerian ___ Portuguese ___ Other _____

Is the church incorporated? ___ Yes ___ No

In keeping with the above action of the congregation, we submit this application.

By _____
Pastor or Chairman

By _____
Secretary

Date _____