

Membership Application for Evangelical Ministries to New Religions

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ -- _____ Email: _____

I am applying for : _____ Individual Membership (or) _____ Ministry Membership
(Complete page one only) (Complete both pages)

Church Membership History:

Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor: _____

I have been a member of this church for _____ years. I have been a Christian for _____ years.

List positions / offices held in conjunction with Church membership (e.g. deacon, elder, teacher, etc.):

____ A letter of recommendation i from my current pastor is enclosed with this application.

____ Please contact my pastor for a letter of recommendation.

If membership at your current church is less than 3 years, provide the following information as regards church membership for the last 6 years. (Use separate sheet of paper if more space is needed.)

Church	Address	City	Dates Began/Left	Reason
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Give the names and addresses of two evangelical leaders we may contact for personal references or the signature of the active EMNR member recommending you:

1. _____

2. _____

By my signature below, I / we have read, reaffirm, agree to, and will abide by EMNR's doctrinal statement and the governing principles and guidelines set forth in the EMNR's "Manual of Ethical and Doctrinal Standards."

Signature: _____

Date: ____ / ____ / ____

Annual Membership Fee: _____ \$25 Individual _____ \$35 Ministry (1 -4 Staff Members) _____ \$50 Ministry (5+ Staff Members)

If applying for a ministry, complete page 2

Return Application to: EMNR, PO Box 141, Harvard, IL 60033

Is your ministry incorporated? _____ Yes _____ No If yes, please complete the next line.

Date Incorporated: ___/___/___ State of Incorporation _____ Are you a Non-profit Inc.: ___Yes ___ No

Provide names, addresses and phone numbers for additional ministry staff to be included as EMNR members:

NAME	ADDRESS	CITY / STATE / ZIP	PHONE / EMAIL	Years with Ministry
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Additional Offices / individuals to receive EMNR Correspondence

1. _____
2. _____
3. _____
4. _____

Please provide the following information pertaining to any Board Members:

NAME	ADDRESS	CITY / STATE / ZIP	PHONE / EMAIL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Explain the nature of your organization’s ministry to people in new religions and cults: _____

List books, articles, pamphlets, tracts, etc. you have authored in relation to the purposes of EMNR. Include publisher, date and pages:

List courses, seminars and/or workshops you teach or have taught related to the purposes of EMNR. Provide conference and /or school names, dates and approximate size of classes: _____

If requested, is your ministry willing to submit a financial statement to EMNR? _____ Yes _____ No

Use additional paper, if necessary, to complete any response to the preceding inquiries. Also include any additional information on your ministry you believe pertinent, such as: Statement of Faith, literature about the organization’s history, purposes and goals, samples of your newsletter, resource literature, catalog of materials you distribute, etc.

* In the case of multi-staff ministries, all correspondence from EMNR will be sent only to the office submitting this application. Other ministry offices/locations may be included to receive correspondence for an additional annual fee of \$10 per location. If you have other offices/individuals you want included on the EMNR mailing list, please identify them in the appropriate section above and enclose the additional fees.