

# International Ministries Network Church/Ministry Affiliation Application

PLEASE PRINT CLEARLY OR TYPE

DATE \_\_\_\_\_

## INSTRUCTIONS:

This application must be filled out in duplicate.

Please include with this application:

- 1) A copy of the Church/Ministry Articles of Incorporation
- 2) A copy of the Constitution and By-Laws
- 3) An application fee of \$100.00

## PLEASE NOTE:

It is recommended that IMN Churches send 1% of their tithing income each month for the support of the IMN office and IMN missions around the world.

Employer's Identification Number \_\_\_\_\_ Church/Ministry Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sr. Pastor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Spouse \_\_\_\_\_  
Sr. Pastor Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Church/Ministry Treasurer/Administrator \_\_\_\_\_ Secretary \_\_\_\_\_  
Is the church/ministry incorporated? \_\_\_\_\_ By-laws \_\_\_\_\_ Statement of Faith? \_\_\_\_\_  
Does your church/ministry keep a record of finances and minutes? \_\_\_\_\_ If not, will you do so? \_\_\_\_\_  
(This is a required procedure by the IRS for tax exemptions)  
Do you have a church membership listing? \_\_\_\_\_ Number of members \_\_\_\_\_  
Average Church attendance \_\_\_\_\_ Average Sunday School \_\_\_\_\_  
Is your church/ministry already recognized by the IRS as a 501 (c) (3) organization? \_\_\_\_\_  
Do you wish to be included in IRS Group Exemption Number 8044 for 501 (c) (3) coverage? \_\_\_\_\_  
Pastor's/Minister's Signature \_\_\_\_\_

## CHURCH SERVICE TIMES:

Sunday A.M. \_\_\_\_\_ Sunday P.M. \_\_\_\_\_ Other: \_\_\_\_\_

## CURRENT IMN MEMBER RECOMMENDING YOUR CHURCH/MINISTRY FOR AFFILIATION:

Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

## Payment: Check Mastercard Visa

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

## RETURN THIS APPLICATION WITH YOUR ENCLOSURES AND \$100.00 APPLICATION FEE TO:

International Ministries Network • 930 25th St. • Cleveland, TN 37311

Living Word Fellowship Phone: 423-339-3028 Fax: 423-339-0499

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## FOR IMN USE ONLY

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_

Date Credentials Approved \_\_\_\_\_ Date Certificate Mailed \_\_\_\_\_

Processed by \_\_\_\_\_