

# Membership Renewal Application for Evangelical Ministries to New Religions

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am renewing my: \_\_\_\_\_ Individual Membership (or) our: \_\_\_\_\_ Ministry Membership

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: \_\_\_\_\_ {Electronic Signature Accepted} Date: \_\_\_ / \_\_\_ / \_\_\_

2011-2012 Annual Membership Fee pay online by PayPal (accepts credit cards) or by check if form is mailed.

\_\_\_\_\_ \$25 Individual    \_\_\_\_\_ \$35 Ministry (1 -4 Staff Members)    \_\_\_\_\_ \$50 Ministry (5+ Staff Members)

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 EMNR correspondence for an additional annual fee of \$10 per location. If you have other offices or individuals who wish to be included on the EMNR mailing list please identify them in the appropriate section on the second page and add the additional fees.

*(Please complete any of the following information that has changed since you initially applied for membership.)*

## 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.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Renew Online -- or -- Return Renewal to: EMNR, PO Box 341171, Bartlett, TN 38184-1171**

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

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

Please provide the following information pertaining to any new Board Members

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

Please enclose any additional information on your ministry that you believe represents a change since your original application or last membership renewal. This could include your Statement of Faith along with the organization's history, purposes and goals. Also use an additional sheet, if necessary, to complete any response to the preceding inquiries.