

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 all member staff of your ministry to be included as EMNR members:

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	YEARS WITH MINISTRY
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Additional Offices/Individuals to receive EMNR Correspondence

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

Please provide the following information pertaining to your Board Members:

NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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.