

Membership Renewal Application for Evangelical Ministries to New Religions

Name: _____

Ministry: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ FAX: (____) ____ - _____ E-mail: _____

I/We am renewing my/our: ____ Individual Membership ____ 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: _____ Date: ____ / ____ / ____

Annual Membership Fee for 2002-2003 membership enclosed (You may also pay by Mastercard or Visa):

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

If paying by credit card, please provide the following information:

Charge the above dues to my ____ MasterCard ____ Visa

Card # _____ Expiration date: ____ / ____

Name as it appears on the card: _____

Signature of cardholder: _____

* 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 back of this page and enclose 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, Sunday School teacher, etc.):

Return renewal to: EMNR, 913 Huffman Road, Birmingham, Alabama 35215

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	YEARS WITH MINISTRY
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Additional Offices/Individuals to receive EMNR Correspondence

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

Please provide the following information pertaining to any new Board Members

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

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