

2006 MEMBERSHIP APPLICATION

for Ministry Organizations

FOR OFFICE USE ONLY

_____ RECD

_____ DB

_____ WP

ORGANIZATIONAL INFORMATION

Name of Ministry Organization

Mailing Address

City

State

Zip

Phone

FAX

Web site

Church Affiliation (if any)

City

State

Zip

MINISTRY DIRECTOR'S CONTACT INFORMATION

Ministry Director's Job Title (e.g., Executive Director, President, CEO, etc.)

Mr. Ms. Rev. Dr. Other _____ Ministry Director _____

Email

Phone

Alternate Phone

Spouse Name & Full Title (exactly as spouse should be addressed)

Executive Assistant

Phone

Email

Preferred Project Bridges Contact (if different from Senior Pastor)

Phone

Email

MINISTRY INFORMATION

Description of Ministry

Please approximate the number of each of the following (if applicable): _____ Members _____ Employees _____ Volunteers

MEMBERSHIP INFORMATION

New Member Renewing Member The \$300 membership fee is enclosed.



Ministry Director's Signature

Date

3600 Brightseat Road ♦ Landover, MD 20785 ♦ Phone 301-386-0300 ♦ FAX 301-262-0305