Ministrymaker Ministerial Association

Dr. Gary S. Linton, President PO Box 112; Smithville, IN 47458-0112 E-mail: mma@ministrymaker.com

Application for Organizational Affiliation

Name of o	organization	Date Incorporated			
Address_				City	
State	Count	ry			
EIN			Phone	•	
Mobile			Email		
Do you ha	ave your 501(c)(3) Yes_	No	Pastor		
Phone		Mobile		Email	
Ordained	Licensed	Date	(Drganization	

Elders or Board Members:

1.		
2.		
3.		
4.		
6.		
7.		
Has	s there been any changes to your Articles of Incorporation?Yes	No

If so please send a replacement for our records

Constitution and By Laws: (Please send a copy to place on file).

Board Minutes: (Please send a copy of your board minutes where you voted on affiliation).

Date Meeting conducted______ Quorum Present_____ Average weekly attendance _____

Fee: The initial fee for affiliation of an organization is \$50.00. After initial affiliation application, the annual renewal fees will be \$25.00. This is due the first of every year.

Prayer covering: Will you pledge to set apart time once a week where you and your ministry pray for Ministrymaker Ministries and Dr. Gary and Kim Linton?

Ministrymaker pledges to pray and do spiritual warfare over you and your ministry daily.

Certificate: Certificate of membership will be sent to you upon receipt of your application & fee.

Daily Devotion: If you are not receiving the daily devotion one will be sent to your email.

Signature:	Date:		
-			