



Fellowship of Missions

1608 Aberdeen NE
Grand Rapids, MI 49505

Membership Application Form

We approve and accept the doctrinal statement and the constitution and by-laws of Fellowship of Missions and hereby apply for membership.

1. Mission name:

2. Address

Street:

City:

State:

Zip

Telephone:

Fax:

E-Mail address

3. Principal Officers (names, titles, addresses - attach separate sheet if necessary)

4. Number of missionaries

5. Denominational affiliation

6. What is your provision for the exercise of discipline?

7. Are you directly or indirectly connected with

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The World Council of Churches? |
| <input type="checkbox"/> | <input type="checkbox"/> | The International Missionary Council? |
| <input type="checkbox"/> | <input type="checkbox"/> | The National Council of Churches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Or any similar body in another country? If so, which? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any national Christian council, association, or fellowship in any country? If so, which? |

8. Are you directly or indirectly connected with

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The National Association of Evangelicals? |
| <input type="checkbox"/> | <input type="checkbox"/> | World Evangelical Fellowship? |
| <input type="checkbox"/> | <input type="checkbox"/> | Evangelical Fellowship of Mission Agencies? |
| <input type="checkbox"/> | <input type="checkbox"/> | Interdenominational Foreign Mission Association? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your missionaries affiliated with any national evangelical fellowship?
If so, which? |

9. What is the primary reason for your desire to affiliate with FOM?

10. List your position regarding the charismatic movement, tongues, healing, etc.

11. Will you endeavor to contribute regularly, in proportion to your ability, to the financial support of FOM? Suggested financial contribution through annual "shared funding" before the end of the FOM fiscal year, August 31:
\$200.00/1-25 missionaries; \$250.00/25-50 missionaries; \$300.00/50-100 missionaries; \$400.00/100-200 missionaries; \$500.00/200-500 missionaries; \$1000.00/500-1000 missionaries.

12. Please attach list of additional board members and their addresses.

13. Please attach official list of missionaries and their fields of labor.

14. Please attach copy of business minutes showing motion to apply for membership in Fellowship of Missions.

15. Please attach copy of your doctrinal statement.

16. Please attach copy of your charter.

17. Please attach public auditor's current report as to your financial records or a certified statement from your auditing committee.

18. Do you agree to submit annually to FOM your doctrinal statement, auditor's statement, up-to-date list of missionaries and their fields of service, and such other reports as will keep us informed concerning your activities?

Signature of officer executing this application

Date

Signature

Title