

COMMUNION  
*of*  
**Evangelical Christian**  
**MINISTERS & CHURCHES**  
*Walking Together on the Journey of Life and Ministry*

**Application for Church Affiliation**  
*To be completed by church secretary.*

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ FIN: \_\_\_\_\_

email: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Approx. number on church roll: \_\_\_\_\_

Status of church property: Rent ☐ Lease ☐ Own ☐

Does the church currently have a pastor? Yes ☐ No ☐

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Current Sunday School Enrollment: \_\_\_\_\_

Does the church currently have a youth Program? Yes ☐ No ☐

Level of fellowship desired with the CECMC? Affiliate ☐ Full Communion ☐

Please include the following documents:

- List of three current officers of the church and their contact information.
- A copy of the church's by-laws
- Any other documentation you believe would be pertinent.

Church Secretary's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward all materials to:  
CECMC • 4045 Calvary Road • West Columbia, SC 29170 • ATTN: Credential Committee