

APPLICATION FOR N.C.C.C. MINISTRY CENTER CHARTER

Date _____

1. Name of Ministry _____
2. Street Address _____
3. Mailing Address _____
4. City, ST Zip _____
5. Your Name _____ Soc. Sec. # _____
6. Office Phone () _____ Home Phone () _____
7. Email: _____ Website: _____
8. Name, address and phone number of each officer:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Name of any other person affiliated with the National Conservative Christian Church who can recommend your ministry.

10. How long have you been operating as a ministry?

11. How many persons are on staff? _____ Full time _____ Part time _____ Volunteer
12. Define your primary ministry and describe your vision. (Attach extra pages to this application)

13. Has this ministry ever been affiliated with any other organization, fellowship or denomination? ____
If yes, please list the name and address of the organization and period of that affiliation:

From _____, _____, to _____ 20____.
14. If this ministry is currently affiliated with any other organization, fellowship or denomination? ____
If yes, Please list the name and address of the organization. _____

15. Describe your reasons for affiliation with the National Conservative Christian Church.

16. Does this ministry operate from a home _____ or from an office _____ location? (check one)

17. Does this ministry support any missionary in a foreign country? _____
 If yes, please list their names, along with the city and country of their foreign location.

18. If regular weekly gatherings are currently held, please identify them as follows:
 Sunday morning: Time _____, Average Attendance: _____
 Sunday evening: Time _____, Average Attendance: _____
 Mid-week: Day _____ Time _____, Average Attendance: _____
 Others: Day _____ Time _____, Average Attendance: _____

19. Have you ever been convicted of a felony? _____

20. Will you operate your ministry center as a department of the National Conservative Christian Church and remit the monthly chartering fee in a timely manner? _____

21. Will you adopt a policy of sending, in a timely manner, the required monthly accounting information with which the national office shall prepare, quarterly and annual accounting reports and financial statements, as well as the monthly monetary amounts due, to the office of the N.C.C.C., for the proper accountability of the ministry? _____

22. Do you agree to use the *Arno Profile System* as a testing tool for each person counseled at this ministry center? _____

Please include the following with your application:

1. A 1 to 2 page typewritten history of this ministry since it's inception.
2. A photograph of the meeting place, building or physical location of this center.
3. A sample of a recent newsletter, bulletin or flier communication of this ministry.
4. A non-refundable application fee of \$195.00. Please make checks payable to the National Conservative Christian Church.
5. Signatures of the designated leader of the ministry, plus any other officers or responsible parties.

We the undersigned hereby agree to look to the National Conservative Christian Church for spiritual leadership and management direction as desired or needed, in order to remain in the flow of God's will for the Body of Christ and those for whom God had given us responsibility.

_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date