



INDIVIDUAL BENEFITS FOR MEMBERSHIP IN NCCMN:

Once accepted as a member through Ordination or Licensed Credentials of your choice of Evangelist, Missionary, Praise and Worship Leader, Minister of Music or Christian Worker, you will need to fill out the application, meet the requirements given and pay the required fee. Your membership allows you a huge array of benefits from NCCMN.

Through your membership with NCCMN you are eligible to receive:

Group Health, Life & Disability Insurance quotes, including catastrophic insurance for terminal illness such as cancer and heart disease, short-term and long-term disability, group life insurance, long-term care and impaired risk life insurance. Rates and costs vary from state to state. Church small group quotes as well as individual quotes are available.

Your credentials from NCCMN will help you be recognized in the calling that God has placed on your life and give you credibility in the community you serve, other churches and Christian ministries. All applications are carefully and prayerfully considered, and all applicants receive a copy of the NCCMN Constitution and Bylaws for review prior to their telephone interview.

UPON ACCEPTANCE AS A NEW MEMBER OF NCCMN, YOU WILL RECEIVE:

- (1) Licensed Credential
- (2) Newsletter & NCCMN Directory
- (3) Authorized Credentials for your wallet or handbag

Disclaimer: We cannot guarantee medical coverage for individuals or small groups. Quotes are based on health and medical records obtained by our insurance department. Due to the confidential nature of this information the NCCMN executive offices do not review or process this information.

CATEGORIES FOR MINISTERIAL CREDENTIALS

Membership and Services Fees	Regular Membership for Individual Churches and Ministries	Group Membership for Affiliated Churches and Ministries	Church in Formation, New Church or Ministry Start	Independent Minister or Evangelist
Basic Membership	\$720.00 Per Year	\$415.00 Per Year	\$310.00 Per Year	\$275.00 Per Year
Bookkeeping Services	\$150.00 per month \$1800 Per Year	\$125.00 per month \$1500 Per Year	\$100.00 per month \$1200 Per Year	Not Available
Discounted Yearly Fees*	\$2,520.00	\$1,915.00	\$1,510.00	Not Available
Monthly Fee	\$241 Per month	\$186 Per month	\$148 Per month	Not Available

Please place an X in the box of the credential you are applying for.

Churches and Ministries

- Regular Membership for Individual Churches and Ministries
- Group Membership for Affiliated Churches and Ministries
- Church in Formation, New Church or Ministry Start

Individuals

- Independent Minister.

This credential is granted to a person who is considered a part-time or a full-time minister. He or she is certified and authorized to preach, perform holy matrimony, baptize, exhort, confirm and practice any Biblical and religious activity pertaining to the office of an Ordained Minister in accordance with respective ordinances of residence

- EVANGELIST

This credential is granted to a person who has a burning passion to share their faith with nonbelievers and believers alike, to ground and establish them in their relationship to Jesus Christ. This credential gives this person the recognition they need to hold revivals, church meetings, seminars, and teach Bible based classes.

NCCMN Membership Application Form

Application

Date: _____ day of _____ 20 ____

PLEASE ANSWER ALL QUESTIONS & PROVIDE REQUESTED INFORMATION INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. Name: Last _____ First _____ Middle _____

Title: Pastor Bishop Reverend Doctor Mr. Mrs. Miss Other _____

2. Physical Address: _____

City _____ State ____ Zip _____ - _____

3. Postal Address: _____

City _____ State ____ Zip _____ - _____

4. Email Address: _____

5. Website URL: _____

4. Telephone

Residence (____)____ - _____ Ext. _____

Mobile (____)____ - _____

Fax (____)____ - _____

5. Place of Birth: _____ Date of Birth: MM/DD/YYYY

Are you a US citizen? Yes No

If not, attach proof of legal status. Social Security # _____

W-9 will be needed for 1099 processing and W-4 will be needed for Payroll Processing.

6. Sex Male Female

Marital Status Married Divorced Widowed Single

Name of Spouse (If married) _____

Number of Children _____

7. Do you understand and agree that any unethical or heretical acts committed by you will automatically expel you from NCCMN and that you will be asked to surrender your credentials if expelled? _____

NCCMN Membership Application Form

8. Education: List all Schools, Colleges, or Universities attended, and any degrees earned.

Highest Degree:

Degree	College, University, School, Institute	Year Graduated
<input type="checkbox"/> Ph.D.		
<input type="checkbox"/> D.Min.		
<input type="checkbox"/> D.Th.		
<input type="checkbox"/> D.D.		
<input type="checkbox"/> M.Div.		
<input type="checkbox"/> M.A./M.S.		
<input type="checkbox"/> B.A./B.S.		
<input type="checkbox"/> Associate		
<input type="checkbox"/> High School		
<input type="checkbox"/> Certifications		
<input type="checkbox"/> Other		

9. At what age did you received Jesus as lord and savior? _____

10. Are you presently in full-time ministry? Yes No

If so, explain _____

Are you supported entirely by your ministry? Yes No

11. What ministerial positions have you previously held?

Where? _____

How Long? _____

Why did you leave? _____

NCCMN Membership Application Form

12. Do You Have Secular Employment?

Employer _____ Position _____

Supervisor's Name _____ Phone (____) _____

13. How many jobs have you held in the past ten (10) years? _____
What is your annual income? \$ _____

14. What Is Your Present Ministry? Preaching Evangelizing Counseling Bible Teaching
 Music Other _____

15. Through what church or ministry do you serve? _____

16. Have you ever been dismissed from a position (secular or clerical) because of sexual misconduct? Yes No. If yes, did you undergo rehabilitation or therapy? Yes No

THIS SECTION IS TO BE COMPLETED WHEN APPLYING FOR LICENSED CREDENTIALS WITH NCCMN WHEN YOU ARE ALREADY ORDAINED OR LICENSED WITH ANOTHER ORGANIZATION

When and where were you licensed: _____ Ordained? _____

Name the group, fellowship or denomination: _____

Church and Or Ministry Information

Board and Officers Information

1. Board Moderator:

Name: Last _____ First _____ Middle _____

2. Address: _____

City _____ State ____ Zip _____ - _____

3. Postal Address: _____

City _____ State ____ Zip _____ - _____

4. Email Address: _____

NCCMN Membership Application Form

4. Telephone

Residence () -

Mobile () -

Fax () -

Treasurer or Finance Secretary

1. Name: Last _____ First _____ Middle _____

2. Address: _____

City _____ State ____ Zip ____ - ____

3. Postal Address: _____

City _____ State ____ Zip ____ - ____

4. Email Address: _____

5. Telephone

Residence () - Ext. _____

Mobile () -

Fax () -

We will need copies for your files of the following documents

Articles of Incorporation

By Laws

Budget

Most current financial statements

NCCMN Membership Application Form

Fees

I AM APPLYING FOR THE FOLLOWING:

- Independent Minister, Ordained Minister or Evangelist - \$275 WITH APPLICATION
- Regular Membership for Individual Churches and Ministries
 - Yearly Discounted Fee of \$2,520 or Monthly Fee of \$241.00 (requires ACH form).
- Group Membership for Affiliated Churches and Ministries
 - Yearly Discounted Fee of \$1,915 or Monthly Fee of \$186.00 (requires ACH form).
- Church in Formation, New Church or Ministry Start
 - Yearly Discounted Fee of \$1,510 or Monthly Fee of \$148.00 (requires ACH form).

MAKE SURE YOU DO THE FOLLOWING:

- Select the category you are applying for and enclose the fee.
- Sign and mail or fax form.
- Please attach a copy of current drivers' license or other photo I.D. (Current photo taken within the past four years, please).
- Voided copy of a check to program the ACH System
- The bylaws of NCCMN will be sent to you once you are approved or prior to the proctor interview (if applicable).

Attach additional information if more space is needed.

I, _____, hereby declare each of the statements given on the above and foregoing pages to be true and correct, and I pledge to abide by all promises and statements contained therein.

Applicant Signature _____ Date MM/DD/YYYY

FOR OFFICE USE ONLY

Date Received: MM/DD/YYYY Date Approved: MM/DD/YYYY Date Issued: MM/DD/YYYY