



OFFICE USE ONLY	
DATE APP REC'D ____/____/____	DATE MAILED ____/____/____
DUES WITH APP \$	COMPUTER DATA ____/____/____

APPLICATION FOR OUTREACH / EVANGELICAL MINISTRIES

PLEASE NOTE: This application is for OUTREACH & EVANGELICAL MINISTRIES only. DO NOT USE for church affiliation. Complete the entire application using N/A to those questions that are not applicable to your ministry. Include your ministerial recommendation form along with any other supporting documents. A renewal application is mailed the latter part of December of the previous year. Mail this application to the ICALM general office along with the appropriate membership dues. *Mailing Address: 18498 W Golden Ln., Waddell, Arizona 85355*. THIS APPLICATION MUST BE NOTARIZED.

— PLEASE PRINT LEGIBLY —

- Date of application ____/____/____
- Ministry Name _____
- Mailing Address _____ City _____ ST _____ Zip _____
- Physical Address _____ City _____ ST _____ Zip _____
- Director's Name _____ Cell Phone:(____) _____ Off: (____) _____
- Email: _____ Website: _____
- Does the Director(s) have personal membership with ICALM? _____ Yes No
- Has personal membership been applied for with ICALM? _____ Yes No
- If the Pastor does not have ICALM membership, is he/she credentialed with another group? _____ Yes No
- In what month and year was this ministry founded _____
- Is the Ministry incorporated? _____ Yes No
If Yes, what year: _____ State: _____
- Do you keep records of all ministry income & expenses? _____ Yes No
- What is the main source(s) of income for the ministry? _____
- Is there any unrelated business conducted by this ministry? _____ Yes No
- Do you have an EIN? _____ Yes No
If yes, give number _____ - _____
- If you do not have an EIN, have you applied for one? _____ Yes No
If yes, when? _____
- Are all contributions/donations to your ministry payable to your ministry name? _____ Yes No
- Does this ministry use a ministry checking account? _____ Yes No
- Is Guidance counseling a part of your ministry? _____ Yes No
If yes, is the counselor certified? _____ Yes No
- Does your ministry have liability insurance that covers counseling? _____ Yes No
Please note: If yes, you are required to submit a copy of your insurance policy when your application has been approved. If no, you will be required to obtain Liability Insurance prior to becoming an affiliate of ICALM.
- Has this ministry ever been denied tax exemption status with the IRS? _____ Yes No

22. Does the Director or ministry head receive a salary or financial compensation from this ministry? _____ Yes No
 If yes, are taxes withheld? _____ Yes No
 Is a IRS 1099 filed? _____ Yes No
 Are Social Security taxes withheld? _____ Yes No

23. Does this ministry have any staff members that receive a salary or financial compensation from this ministry? _____ Yes No
 If yes, are taxes withheld? _____ Yes No

24. Did this ministry receive \$25,000 or more in donations last year? _____ Yes No
 If yes, provide approximate amount \$ _____

25. Has this ministry ever filed for protection under US Bankruptcy Laws? _____ Yes No

26. Has anyone connected with this ministry ever been charged with sexual harassment? _____ Yes No

27. Has anyone connected with this ministry ever been charged with child molestation? _____ Yes No

28. Does your ministry have any Civil or Criminal lawsuits pending? _____ Yes No

Please note: If you checked yes to questions 26-28, submit a brief summary statement on separate sheet of paper.

29. Have you read and do you agree with our Statement of Faith? _____ Yes No

30. Have you read and do you agree with our Ministerial Code of Ethics _____ Yes No

31. Do you understand that if accepted the first year of your ministry membership is probationary? _____ Yes No

32. Do you understand that your ministry must renew on an annual basis? _____ Yes No

33. DIRECTORS / OFFICERS of this ministry are:

Director: _____ Phone: _____

Secretary: _____ Phone: _____

Treasurer: _____ Phone: _____

Other: _____ Phone: _____

NOTICE: If the Director of this ministry does not have a personal membership with ICALM you will need to complete the Ministry Head Questionnaire. You will also be required to submit at least one Ministerial Recommendation Form.

To the Membership Committee: As the President/Director of this ministry I hereby agree to abide by all the guidelines of ICALM and the IRS as it relates to income. By affixing my signature to this form I confirm that the forgoing is true and correct to the best of my knowledge and I hereby request affiliation with ICALM.

Signature _____ Date _____

THIS APPLICATION MUST BE NOTORIZED

Notary Public _____ Commission Expires _____