

Church of God Ministries
New Church Profile

revised 6/6/2011

Church leader should return form to your assembly office or as directed by your Credentials Chairperson.

ORGANIZATION INFORMATION:

Date received at CGM: _____

ORG. NAME: _____

CONs ID: _____

IRS EIN #: _____

Preferred Mailing address: Church's Mailing Individual's Mailing Business Other

If using an individual's address, please include the person's name to comply w/ USPS delivery regulations.

address line 1: _____

address line 2: _____

city & state/province: _____ zip: _____

physical address: _____

(if different from above)

city & state/province: _____ zip: _____

primary phone: _____ secondary phone: _____

e-mail address: _____ fax: _____

Web URL: _____

primary language: _____ primary ethnicity: _____

average weekly worship attendance: _____

fiscal year ends: _____ business mtg. month: _____

Faith promise program? (yes/no): _____ faith promise month: _____

CREDENTIALING INFORMATION:

Year established: _____

status: Provisional Approved

(refer to Position Code sheet)

Pastoral staff member: _____ position code: _____

Pastoral staff member: _____ position code: _____

Associate staff member: _____ position code: _____

Associate staff member: _____ position code: _____

Associate staff member: _____ position code: _____

Associate staff member: _____ position code: _____

Associate staff member: _____ position code: _____

ASSEMBLY CREDENTIAL CHAIRPERSON INFORMATION:

ASSEMBLY SAID #: _____

Date submitted: _____

Credentials Chairperson **verifying** this information: _____

Credentials Chairperson contact phone or e-mail: _____

Comments:

US Churches only: Application for Federal Tax ID (EIN) can be found at: www.irs.gov/pub/irs-pdf/iss4.pdf

Credentials Chairperson: Please send this form to:
Roz Hency at rhency@chog.org or mail to:
Credentials Services, Church of God Ministries, PO Box 2420, Anderson IN 46018-2420
FAX: 765-642-5652