

Church of God Ministries
New Freestanding Org Profile

revised_4/1/2010

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

FREESTANDING ORG. INFORMATION:

Date received at CGM: _____

ORG. NAME: _____ CONs ID: _____

Preferred Mailing address: Organization'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: _____

fiscal year ends: _____ business mtg. month: _____

CREDENTIALING INFORMATION:

Year established: _____ status: Provisional Approved

President/CEO Name: _____ contact info: _____

Vice President/CEO: _____ contact info: _____

Other contact person: _____ contact info: _____

Other contact person: _____ contact info: _____

Other contact person: _____ position code: _____

ASSEMBLY CREDENTIAL CHAIRPERSON INFORMATION:

ASSEMBLY SAID #: _____ Date submitted: _____

Credentials Chairperson verifying this information: _____

Brief description of the organization:

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

For office use only: scanned to Data Services _____ current notes _____ new file _____