Federation of Christian Ministries





Please print or type or complete this form online at <u>federationofchristianministries.org</u> Click on "Membership".

Name of Community or Group:	:		
Name of Contact Person:			
Street Address of Contact Perso	on:	City:	_
State:Zip + 4 :			
Home Phone:	Work Phone :		
Cell :	E-mail address:		
Name of FCM member in Grou	up (if different from Contact Person)		
Ministry ac	ctivity beginning January 1, 2014 through De	ecember 31, 2014	
Please list the date/year o	f your group's original formation.		
If Yes, what is the co	unity changed its purpose or direct urrent purpose? in size?YesNo		
Do you continue to meet i	in the same venue ?Yes	No	
Has there been a change i	in your worship service ?	YesNo	
Have you had any change	e in leadership?Yes	No	
Were there other changes	in the community or group, such a	as a new ministry start?Y	YesNo
Would you like to be liste	d as a group member on the FCM	website? Yes No	ı
	bout other groups or communities onnect with other groups or comm		

If yes, can you suggest an effective way to connect with other groups or communities.

		p Renewal and Annual R ding to the following sch	deport with a check for dues for the calendar year edule:
Check whic	\$95 if the group h	as 50 or fewer members. as 51-100 members. has more than 100 member	(\$110 after 12/31/14)
Ple	•	neck payable to Fedente ne at www.federationofch	ration of Christian Ministries
	Your ann	ual report and payment n FCM Membership Of 1709 West 69th Street Cleveland, OH 44102-2	ffice : #3
n			
			et Person and the FCM liaison represent that the of the Federation of Christian Ministries.
Date:		Signature of Contact Perso	on
Date:		Signature of FCM Liason	