



Application For Association with MTCMI

Contact Information:

Your Name: _____

Church or Organization: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Office Phone: (____) _____ Cell: (____) _____

Home Phone: (____) _____

Fax Number: (____) _____

Information Requested: (please check box or boxes)

- I am interested in holding credentials with MTCMI. Please send me an application for credentials.
- Our church is interested in being affiliated with MTCMI as a “fellowship” church (all churches in this fellowship will remain completely autonomous).
- I need assistance in a particular area of ministry. Please send me more information on how MTCMI can help me with _____
_____.

Ministry Information:

Are you currently serving as a pastor? _____

Are you currently serving in full time ministry? _____

Do you currently hold credentials with a denomination or fellowship group? _____

Name: _____

Have you, or do you currently hold office with a denomination or fellowship group? _____ Name: _____

If you are an evangelist, or serving in a ministry as other than a pastor, please submit, on separate paper, a description of your ministry.

Please submit your annual yearly fee of \$150.00 . Make checks to MTCMI.

Please send your completed request to:

MTCMI

5911 55th Dr. East

Bradenton, Fl. 34203

You can also call us at:

914-727-7221

MTCMI is a Florida Non-Profit Religious Corporation with IRS 501(c)(3) status.

