



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Purpose

The CCMA purpose is twofold; to provide a means for the Christian community to act in unison on areas of interest and concern in Cherokee County, and to provide fellowship for ministers of the gospel.

Name:

Church/ministry

Phone:

Cell:

Mailing address:

City:

State:

ZIP Code:

Position

Web address:

E mail:

DENOMINATION

Ministry Profile:

GOALS

What is your goal as part of the Cherokee Christian Ministerial Association

Membership Fee \$20.00

SIGNATURES

I have prayerfully read the purpose statement of the CCMA and desire to make application for membership and promise to fulfill all responsibilities associated with membership.

Cash \$ _____ Check \$ _____ Check Number _____

Signature of applicant:

Date: