MEMBERSHIP APPLICATION

To be filled out when you join COTBE or have a profile change. If there is no change just circle NO CHANGE right here, and return blank with your check for this year's dues.

Name under which	you want to be filed:				
	If you want to be file	ed under your group name	e or some other name p	ut it here.	
Nama					
	First Name		Last Name		
Office Phone	Home Phone	Cell Phone	Fax Phone		
Mailing Address	Street				
Web Site:	Street	City	State	Zip	
EMail:	mail & web address must be	printed exactly as typed	on internet)		
				m».	
Member(s) of	(Name of church)	Church,	(Town)	, TX	
Pastor:					
Church Address: _		City:			
State	Zip	Church Phone Number			
Email address of na	istor				
Name of Association	n where your ministry is b	ased:			
	Circle no more than three or the		nt best describes your	ministry. If you would	rather be
Preachin	g Evangelist (Crusades, Har				etc.)
Wom	Music Evangelist (en's Ministry Evangelist (((Singer, Worship Leader,			
	na Evangelist (Clowning, Il				
Specialized Ministr	y Evangelist (Prophecy Con	nferences, Marriage Conf	erences, Camping, Spo	orts, Stewardship, Financ	
Biblical Health, M	Iotorcycle Events, Counselir Adults, Authorship,	ng, Children, Trick Ropin Television, Radio, Intern			leos, Senior
• How many	years have you been in voo	cational evangelism?			
 After readi 	ng the membership qualifi	cations, do you feel you	are qualified to be a r	nember? YesNo	_
 Have your 	pastor fill out and return t	o us the Pastoral Letter	acknowledging your	evangelistic ministry.	
	e the same picture for the d	•	•	pdated, color, digital p	picture. Are
=	ng us an updated, color, dig				
• ' ') words or less write a brie and will replace the differ	• •	nistry and attach it to	this form. This is muc	h more
productive	and will replace the uniter	on anguits.			
	ck payable to COTBE for S				75098
FOI	R OFFICE USE ONLY: D	UES PAID	IN THE AMOUNT O	F	