



ONE NEW MAN GOSPEL MINISTRIES

241 Eleventh Street
Schenectady, NY 12306
www.onenewmanmin.org
onenewmanmin@gmail.com

CONGREGATIONAL APPLICATION

One New Man Gospel Ministries, Inc. is dedicated to living, maintaining and fostering the Apostolic-Prophetic vision of Ephesians chapter two. We are honored that, as a Holy Bible believing congregation, you desire to participate with and submit to the covering of this ministry. We will make every effort to avail to you the support, counsel, training, and oversight that you need to grow into the full stature of the Messiah in these end times.

Congregational Information

(Please type or print your response)

Name of Congregation: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____ Web Site: _____

Name of Contact Person: _____

Phone Number: _____ Cell Phone Number: _____

Email: _____

Name of Senior Elder (Pastor/Rabbi): _____

Phone Number: _____ Cell Phone Number: _____

Email: _____

Congregational Application

(Please check all appropriate answers)

1. We own rent our regular meeting place.
2. We do do not have a regular Sabbath (Friday evening and/or Saturday morning) service.
3. We do do not teach and practice, in a New Testament format, the eight feasts of Leviticus 23.
4. We do do not regularly pray for and financially support the salvation of Israel.
6. We do do not presently tithe from our gross annual income to outside ministries (missions, the support of the poor, orphans, Israel, etc.)
7. We are are not an incorporated religion organization? *(If you are, please indicate below if you are independent or affiliated with another fellowship or denomination.)*
 - a. Affiliate or denominational name: _____
 - b. How long have you been incorporated? _____
 - c. Are you tax exempt (501C-3) Yes No
 - d. Do you plan to stay in your other association after you become a part of One New Man?
 Yes No Undecided

Statistics

1. We have approximately _____ people who regularly attend our services.
2. Our service schedule is: _____.
3. Our Gross annual income from last year was \$_____.

It is required that at least one of your Elders is an active, credentialed member of One New Man Gospel Ministries, Inc.

Name: _____
Address: _____
Phone Number: _____ Cell Phone Number: _____
Email: _____
Congregational Position: _____

We, the undersigned, represent that all of our answers are true; that we hold legal authority, according to our by-laws and constitution, to pursue congregational participation under One New Man Gospel Ministries, Inc.; that we are in full agreement with the by-laws and constitution of One New Man Gospel Ministries, Inc.; that we will financially support One New Man Gospel Ministries, Inc., as required, with our annual dues, to be paid quarterly, starting the first quarter of our acceptance, and based on 1/10 percent of our gross tithe in each fiscal quarter. [Example: If your gross income equals \$100,000 in any 3 month period, your quarterly dues would be \$1,000.] Quarters are based on January-March, April-June, July-September, and October-December.

Signed: _____ Date: _____
Please print: _____
Authorized position: _____

Signed: _____ Date: _____
Please print: _____
Authorized position: _____

Please submit application to:
One New Man Gospel Ministries, Inc., 241 Eleventh Street, Schenectady, NY 12306

* A \$100, non-refundable application fee is required with this form.

| | |
|---|----------------------|
| OFFICE USE | |
| Received Date: _____ | |
| <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected | Contacted Date _____ |
| Notes: _____ | |
| Signed: _____ | Date: _____ |

Please allow 6 to 8 weeks to hear from us. Thank you.

FINANCIAL ACCOUNTABILITY: All monies received are for the running of One New Man Gospel Ministries, Inc. exclusively. The foundation will also help to meet the needs of ministers and ministries. An annual report will be released to all active participants.

We desire more training in: _____