

Church of God Ministries  
New Church Profile

revised 6/6/2011

Church leader should return form to your assembly office or as directed by your Credentials Chairperson.

ORGANIZATION INFORMATION:

Date received at CGM: \_\_\_\_\_

ORG. NAME: \_\_\_\_\_

CONs ID: \_\_\_\_\_

IRS EIN #: \_\_\_\_\_

Preferred Mailing address:  Church's Mailing  Individual's Mailing  Business  Other

\*If using an individual's address, please include the person's name to comply w/ USPS delivery regulations.\*

address line 1: \_\_\_\_\_

address line 2: \_\_\_\_\_

city & state/province: \_\_\_\_\_ zip: \_\_\_\_\_

physical address: \_\_\_\_\_

(if different from above)

city & state/province: \_\_\_\_\_ zip: \_\_\_\_\_

primary phone: \_\_\_\_\_ secondary phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ fax: \_\_\_\_\_

Web URL: \_\_\_\_\_

primary language: \_\_\_\_\_ primary ethnicity: \_\_\_\_\_

average weekly worship attendance: \_\_\_\_\_

fiscal year ends: \_\_\_\_\_ business mtg. month: \_\_\_\_\_

Faith promise program? (yes/no): \_\_\_\_\_ faith promise month: \_\_\_\_\_

CREDENTIALING INFORMATION:

Year established: \_\_\_\_\_

status:  Provisional  Approved

(refer to Position Code sheet)

Pastoral staff member: \_\_\_\_\_ position code: \_\_\_\_\_

Pastoral staff member: \_\_\_\_\_ position code: \_\_\_\_\_

Associate staff member: \_\_\_\_\_ position code: \_\_\_\_\_

Associate staff member: \_\_\_\_\_ position code: \_\_\_\_\_

Associate staff member: \_\_\_\_\_ position code: \_\_\_\_\_

Associate staff member: \_\_\_\_\_ position code: \_\_\_\_\_

Associate staff member: \_\_\_\_\_ position code: \_\_\_\_\_

ASSEMBLY CREDENTIAL CHAIRPERSON INFORMATION:

ASSEMBLY SAID #: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Credentials Chairperson **verifying** this information: \_\_\_\_\_

Credentials Chairperson contact phone or e-mail: \_\_\_\_\_

Comments:

US Churches only: Application for Federal Tax ID (EIN) can be found at: [www.irs.gov/pub/irs-pdf/iss4.pdf](http://www.irs.gov/pub/irs-pdf/iss4.pdf)

Credentials Chairperson: Please send this form to:  
Joyce Hazen at [jhazen@chog.org](mailto:jhazen@chog.org) or mail to:  
Credentials Services, Church of God Ministries, PO Box 2420, Anderson IN 46018-2420  
FAX: 765-642-5652