



Ministry Partner Membership Application Form

MEANS is accountable to the donors in transmitting the money to our ministry partners.
Please note that 6% is deducted from the total donation of the donor for administrative fee.

Please complete below.

GENERAL INFORMATION

Name of Organization (or Affiliation)

Last Name (If designated Ministry Partner)

First Name

Mailing Address

City

State/Province

Zip code/ Country

Phone No.

Text No.

Email:

Website:

ORGANIZATION DESCRIPTION

Have you ever used MEANS services before?

Yes No

Do you plan to use MEANS services this year?

No Yes Tentative Month: _____

Ministry Type (check one or two that best describe your ministry)

Church

Orphanage

Para-Church

Seminary / Bible School / Training Seminars

Children's ministry

Student Ministry

Economic Development

Other (specify):

How were you referred to MEANS? Check only one.

Mission / Church Referral (Please name)

Donor Referral (Please Name)

Website

Other –

Name of Referral:

**Brief
Description
of your
ministry**

CEO / President (Print Name)

Treasurer (Print Name)

Name of Person/s who signs your checks

Date of MEANS Approval / Approved by:

MEANS is a member of Evangelical Council for Financial Accountability

New Membership Application Form - Revised June 2007

Email Address: info@meansusa.org

Visit our Website: www.meansusa.org

Text No. (630) 542-2168

