



## Ministry Partner Membership Application Form

MEANS is accountable to the donors in transmitting the money to our ministry partners.  
IMPORTANT: 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 (Main contact or designated Ministry Partner) First Name

Mailing Address City State/Province Zip code/ Country

Phone No. Cellphone 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 November 2015

Email Address: [info@meansusa.org](mailto:info@meansusa.org)

Visit our Blog: <http://meansusa.wordpress.com/>

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