**NEW CHURCH INFORMATION**

**Church/Ministry Name:**

**City, Province/State:**

**Classification (check one):**

Organized \_\_\_ Emerging\_\_\_ Campus\_\_\_ Multisite\_\_\_

**Date Your Ministry Began:**

**Supervising Council, if not Organized:**

**Classis:**

**Mailing Address:**

**Location Address:**

 **(if different from Mailing Address)**

**Telephone:**

**Fax:**

**Email:**

**Website:**

**Service Times:**

**Primary Minister or Commissioned Pastor Name:**

* **Address:**
* **Telephone Numbers:**

**Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Email:**