



# Christians Equipping Christians for Outreach

Bishop Russell L. Freeman, Presiding Prelate

Headquarters – 5210 South Cowan Road

Columbia, Missouri 65201

## APPLICATION FOR AFFILIATE MEMBERSHIP

*(Please print or type all information requested in black ink)*

DATE \_\_\_\_\_

### **PERSONAL DATA:**

**OFFICIAL TITLE OF APPLICANT:** (Check One):    Bishop    Overseer    Pastor/Elder    Rev. Mr.    Rev. Mrs.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Home Fax (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile/Cell (\_\_\_\_\_) \_\_\_\_\_

### **EMERGENCY CONTACT:**

\_\_\_\_\_  
Name (\_\_\_\_\_) \_\_\_\_\_  
Phone

Relationship of the Contact Person \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Are you (check one)    Married?    Single?    Divorced?    Separated?

Passport Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Birth \_\_\_\_\_

Issuing Country \_\_\_\_\_

U.S. Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**ACADEMIC DATA:**

High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Highest Grade or Diploma? \_\_\_\_\_

College: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree \_\_\_\_\_

Year Completed \_\_\_\_\_

Graduate/ Seminary \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Year Completed \_\_\_\_\_

**MINISTERIAL DATA:**

When did you accept a Call to Preach? \_\_\_\_\_  
Year

In what Church were you serving? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Who was the Pastor that licensed you? \_\_\_\_\_

In what year were you licensed to preach? \_\_\_\_\_

In what year were you ordained to the Gospel Ministry? \_\_\_\_\_

Who ordained you? \_\_\_\_\_

In what Church/Fellowship/Reformation were you ordained? \_\_\_\_\_

Are you a Consecrated Bishop? \_\_\_\_\_ If so, in what year were you consecrated? \_\_\_\_\_

Under which Reformation were you consecrated? \_\_\_\_\_

National Headquarters Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Please name your Chief Consecrator \_\_\_\_\_

Please name (at least two) other Co-Consecrators \_\_\_\_\_

\_\_\_\_\_

*\*Please make copies of all ministerial testimonials and forward\**

**Christians Equipping Christians for Outreach**

**Attn: Office of Administration**

5210 S. Cowan Road  
Columbia, Missouri 65201

With whom are you presently affiliated?

\_\_\_\_\_

Please list, if applicable, any position(s) you hold/held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you presently pastoring? \_\_\_\_\_

Are you or have you been a CEO of a Para-Church Ministry? \_\_\_\_\_

Name of the Church/Ministry \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Private Line (\_\_\_\_) \_\_\_\_\_

*By this application you have requested AFFILIATE MEMBERSHIP in Christians Equipping Christians for Outreach (CECO). In no way have you obligated you or your local church(es) to this Reformation. You are free to withdraw at any time and we hope you would give the Presiding Bishop official notice of your intent to do so, if the need ever arises. Your submission to his Apostolic covering allows you the privilege of membership in the College of Bishops (if you are a bishop) or the Board of Presbytery (if you are an Ordained person, with the right to affiliate).*

*Grace, Mercy and Peace be unto you and your household.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*