

NEW MINISTRY APPLICATION

Group Name: _____ Date: _____

Purpose: _____

List Members (at least 3) include name and phone number)

1. Name _____ Phone: _____

Email _____

2. Name _____ Phone _____

Email _____

3. Name _____ Phone _____

Email _____

CONTACT PERSON _____ Phone _____

Email _____

What LEVEL of participation does the Ministry desire:

Level 1: ___ Recognition and Publicity, as part of the POJ website ___ or independent website ___

Level 2: ___ Staff Support ___ Location for Meetings ___ Publicity

___ Mailings ___ Other

Level 3: ___: Funding

If the Ministry selects funding, attach a budget.

Amount requested: \$ _____

Email form to: office@presbyteryofthejames.org