

Coalition of Churches in Prison Ministry

P. O. Box 225863
Dallas, Texas 75222

Date: _____

Application for Church/Organization/Membership

Name of Church/Organization _____

Mailing Address _____ Telephone Number (_____) _____

_____ Zip code
Email Address: _____

This church/organization must be founded upon the belief in the Virgin birth, crucifixion, burial and resurrection of the Lord Jesus Christ. There is no other name given under the heavens whereby men can be saved. Indicate by writing (I agree). _____

Describe current prison/jail involvement: _____

Will the applicant church be able to participate in the ministry as listed below. Answer yes or no.

_____ seek State certification as soon as possible

_____ participate in worship Services at adopted Prisons at least once per year,

_____ pay annual membership dues

_____ attend bi-monthly meetings of the Coalition six times/year

_____ lead Trusty Camp services on Sunday mornings

_____ lead Saturday School classes 4 times a year.

_____ participate in the Christmas Gift-of Light ministry including annual donation, decoration of sacks, stuffing and delivering sacks to adopted units.

List the name of your church/organization's designated representatives (2) to the Coalition and their contact information:

Name(s) _____

Address: _____

Telephone number _____

Email address: _____

Pastor's or Organization Leader's Signature: _____

Do not write below. Coalition Use Only

Date: _____ Amount of Dues paid _____ cash or Check # _____