

Greater Cincinnati Southern Gospel Music Association

9865 McKelvey Road, Cincinnati Ohio 45231

Steve Wilson, President

Don Harper, Vice President

(513) 769-1844

(513) 825-2920

Ministry/Group Application

Ministry/Group Name: _____ Date: _____

Ministry/Group Contact Person: _____ Phone: _____

Manager/Owner: _____ Phone: _____

Manager/Owner Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Ministry/Group Website: _____

Approximate date Ministry/Group was established: _____

Briefly describe the type of ministry that your Ministry/Group provides: *(Ex: Southern Gospel Quartet or Music Drama Ministry designed to reach Teens...)*

Briefly describe the style of ministry and any ministry specifics: *(Ex: Southern Gospel, Traditional*

Quartet Music, Live Instruments and Vocals or Contemporary Style Christian Music targeting Teenagers.) _____

Please explain the Purpose and Vision of your Ministry/Group: *(Attach Separate if Needed)* _____

Are there any Ministry/Groups that you would identify as being similar in style or similarity to your Ministry/Group: *(Ex: Cathedrals, Happy Goodmans, Gaither Vocal Band, FFH, Newsboys)*

Financial Arrangements

Does your Ministry/Group currently require a specific financial arrangement when ministering?

_____ **No** _____ **Yes**

If so, please describe: *(Ex: Churches beyond 100 Miles we require \$200 and a love offering or We Require a set rate of \$500 to Concert Promoters and Non-Church Concerts Only.)* _____

If your Ministry/Group currently does NOT require a specific financial arrangement, please list financial needs to help us better relate your Ministry/Group's financial needs. Please be specific:

(Ex: Church Service within 50 Miles, Love Offering Only or Church Service Beyond 50 Miles \$ _ Specified Amount and a Love Offering.) _____

Are there any denominations, people groups (Races), locations, or events that your Ministry/Group or its member would be opposed to minister? _____ **No** _____ **Yes:**

If Yes, Please Explain: _____

Please list below ALL current members of your Ministry/Group and their position or involvement:

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Please provide a minimum of three (3) ministry references that your Ministry/Group have ministered to in the past 12 months:

Venue: _____ **Event:** _____ **Date:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Venue: _____ **Event:** _____ **Date:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Venue: _____ **Event:** _____ **Date:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Please provide a minimum of two (2) church references (*other than above*) for your Ministry/Group:

Church: _____ **Pastor or Church Contact:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Church Phone: _____ **Church Contact Email:** _____

Church: _____ **Pastor or Church Contact:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Church Phone: _____ **Church Contact Email:** _____

Any other information that you may deem significant in the membership approval of your Ministry/Group in the Greater Cincinnati Southern Gospel Music Association: _____

Upon membership approval, I, as the Ministry/Group owner or manager agree to be ultimately responsible for all current members and their actions. I also understand that our Ministry/Group membership can be terminated at any time if it is found that any member or representative should do anything contradictory with biblical teaching or GCSGMA guidelines.

As manager/owner, I agree to keep the GCSGMA updated of any changes in our group membership.

(Ministry/Group Owner or Manager)

(Date)