

APPLICATION FORM – SC MINISTERS BENEVOLENCE MINISTRY

DATE _____

APPLICANT INFORMATION

Name of Applicant: _____

Phone: _____ Ministerial File Number of Minister: _____

Email Address: _____

Please check which method you prefer to receive your MBM notifications at: Email Mail

Mailing Address: _____

Pastor's Name & Church: _____

RECIPIENT INFORMATION – You must list a Primary AND a Contingent (secondary) Recipient.

Name of Primary Recipient: _____

Phone of Primary Recipient: _____ Relationship to Primary Recipient: _____

Email Address of Primary Recipient: _____

Address of Primary Recipient: _____

Name of Contingent Recipient: _____

Phone of Cont. Recipient: _____ Relationship to Cont. Recipient: _____

Email Address of Contingent Recipient: _____

Address of Contingent Recipient: _____

Signature of Applicant: _____ Date: _____

Do not sign until you are in the presence of a Notary Public.

Notary Seal/Signature:

Sworn to and Subscribed Before Me

This _____ Day of _____ 20_____

Signed: _____

Notary Public of South Carolina

My Commission Expires: _____

***Mail Application to SCCOG State Office, Attn: Melody Hand, PO Box 309, Mauldin, SC 29662.
FOR STATE OFFICE USE***

Date Received: _____