

GCSCMA

GREATER CINCINNATI SOUTHERN GOSPEL MUSIC ASSOCIATION

Please check one: Group Soloist

Group Name: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Website: (If applicable) _____

Briefly describe ministry type or style: (Ex: Southern Gospel Quartet, Preaching, Drama, Youth Ministry, etc.) _____

Please explain the Purpose and Vision of your Ministry: (Attach separate sheet if needed)

Do you currently require a specific fee 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.) _____

Are there any denominations, ethnic groups, locations, or events to which you would prefer not to minister? No Yes

If yes, please explain: _____

Please provide a minimum of three (3) ministry references (at least one church) where you have ministered in the past 12 months:

Venue: _____ Event: _____

Contact Person: _____

Email: _____ Phone: _____

Venue: _____ Event: _____

Contact Person: _____

Email: _____ Phone: _____

Church: _____

Pastor or Church Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Church Email: _____ Church Phone: _____

Any other information, talents, abilities, or resources that you may consider significant or useful in the membership approval of your ministry in the GCSGMA: _____

Upon membership approval, I, as the Ministry owner or manager agree to be ultimately responsible for all current members and their actions. I also understand that our 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. I also agree to keep the GCSGMA updated of any changes in our group membership.

(Applicant) _____ (Date) _____

(If this is a group, please list additional members)

Please email the completed application to: info@gcsgma.com