

MARK ROWDEN MINISTRIES INTERNATIONAL

AFFILIATION APPLICATION

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MRM Affiliate Application

Working together to network churches, ministers and individuals to fulfill the Great Commission.

Affiliation Governing Guidelines

I. Churches, ministers and individuals desiring partnership with the Fellowship should:

1. Be in agreement with the vision and values of Mark Rowden Ministry International.
2. Be in agreement with Mark Rowden Ministry International Statement of Faith.
3. Be in agreement with MRM Mission Statement.
4. Agree to build relationship with other ministers in the Fellowship.
5. Agree to actively participate in building the Kingdom of God through this body to the best of their ability.

II. Church/Ministry affiliation requirements:

1. Each church/ministry will be an autonomous body and, therefore, must have its own constitution/bylaws. If the church/ministry is just beginning, MRM can assist in establishing its constitution/bylaws.
2. Each church/ministry/individual will be required to apply for affiliation and then be interviewed by a MRM Board member.
3. Each church/ministry/individual desiring to become an Affiliate will bring to bear financial and resource commitments to support the projects and or missions of MRM.

III. Benefits:

- a. Increased credibility through identification with a world-wide global organization that emphasizes integrity and responsible Christian conduct.
- b. Churches/Ministries will be able to receive guidance from the MRM Ambassadors and Executive Board.
- c. Ambassadors will be available to minister to the local and foreign congregations and bring outside wisdom to the body.
- d. Members of affiliated churches/ministries may apply for MRM scholarships (currently under the auspices of The Margaret L. Young Scholarship/HOPE2 Program) Terrell Young Chairman.
- e. Churches/Ministries will have the opportunity to partner with MRM mission's projects.

IV. Fellowship Accountability:

1. We, as a fellowship, have the authority to remove a church/ministry from affiliation if it is noncompliant with our vision, values, and statement of faith or constitution.
2. The MRM International offers accountability to autonomous bodies.

Please be aware that affiliation with Mark Rowden Ministry International DOES NOT entitle your church/ministry to include the wording "Mark Rowden Ministry" in its name. You may, however, indicate that your church/ministry is affiliated with MRM.

Mark Rowden Ministry International, Inc.

Mission and Visions Statement, Objectives

Purpose Statement:

The primary purpose of Mark Rowden Ministry International is to serve God's people locally and globally. To serve and provide Christian leadership to its affiliate churches, ministries and others through outreach.

Vision Statement: (Ministry Direction)

To provide Christian Ministry in a fashion that will equip men, women and children locally and globally to grow spiritually.

MRM will strive as a ministry to transform lives around the world by the preaching and teaching of the gospel of Jesus Christ. To make a reality the manifestation of Jesus' redemptive power; To live a restored life with a committed heart for Gods people through global outreach. This will be done by:

- a. Working with Small-Medium-Large Evangelical Christian Ministries.
- b. Providing word-based holistic ministry to efficiently and effectively equip the people of God to gain a greater knowledge and understanding of God's Word.
- c. Focusing on Christian Education; Family units; developing men to be effective God fearing leaders in the home-workplace-community-and ministry.

Mission Statement: (Ministry Objective)

The objectives of MRM is to rebuild families globally by equipping Gods people through a practical gospel and providing opportunities for developing their God given gifts and talents and exercising them according to 1 Corinthians 12:7-11 in order that the Great Commission might be
Fulfilled

Mark Rowden Ministry International, Inc.

APPLICATION FOR CHURCH/MINISTRY AFFILIATION

Must be submitted in a computer printout format (may be filled in with pen)

Date of Application _____

Ministry Name _____

Phone: _____ Fax: _____

Email Address: _____ Web-site _____

Physical address:

Street Address: _____

City: _____ State _____ Zip _____ Province _____

Country _____

Mailing address (if different from physical address)

Street Address: _____

City: _____ State _____ Zip _____ Province _____

Country _____

Lead Minister's Name: _____ Phone _____

Address: _____ City _____

State _____ Zip _____ E-mail _____

Name of Treasurer _____

Name of Secretary _____

Is the organization incorporated? Yes No
Date of Incorporation (MM/DD/YY) ____/____/____

What State? _____

Does the ministry have:

A Constitution/Governing Guidelines? Yes No

By-Laws/ Articles of faith? Yes No

Statement of Faith? Yes No

Does your ministry keep a record of finances and minutes? Yes No

If not, when will you begin to do so? _____

Does this ministry consider itself to be a church? Yes No

Do you have a church membership listing? Yes No

Current number of members _____

Average attendance _____

Does your organization apply to come under the MRM 501(c)(3) group exemption?

Yes _____(initial) No _____(initial)

Have you received, read and agree with the governing guidelines?

Yes _____(initial) No _____(initial)

Do you agree that the wording "Mark Rowden Ministry" may not be used as part of the Ministry's name, but you may indicate that your ministry is affiliated with Mark Rowden Ministry International? Yes _____(initial) No _____(initial)

STATEMENT OF AUTONOMY

“This affiliated church/ministry is and always shall remain solely an autonomous entity with which Mark Rowden Ministry International (MRM) may work harmoniously, promoting the work and objectives set forth in its governing guidelines. MRM shall not have nor ever attempt to exercise a single attribute of power or authority over any church/ministry or over its messengers, to in any way limit, interfere with, diminish or otherwise affect the autonomy of the church/ministry but shall recognize the autonomy of the church/ministry under one Sovereign, the Lord Jesus Christ.”

Are you in agreement with this Statement of Autonomy? Yes _____(initial)

Will you be an active participant in this Fellowship? Yes _____(initial)

Sr. Pastor/Minister name: _____signature: _____

Secretary/Presbyter name: _____ signature: _____

Date: _____

CONDITION OF AFFILIATION

The undersigned, as an applicant for affiliation with MARK ROWDEN MINISTRY INTERNATIONAL , acknowledges and agrees that MARK ROWDEN MINISTRY INTERNATIONAL has no fiduciary or legal responsibility for the ministry and work of the individual ministers and churches/ministries who become affiliated with the Fellowship and that neither of its directors, officers, agents, employees or Ambassadors shall be in any way be responsible or liable for the actions of the affiliated members. Furthermore, neither Mark Rowden Ministry International, Inc., its directors, officers, agents, employees or Ambassadors shall be in any way be responsible or liable for the actions of the affiliates of MARK ROWDEN MINISTRY INTERNATIONAL.

The undersigned acknowledges and agrees that the applicant will obtain liability insurance coverage, or will be self-insured, to cover the acts of the applicant, its officers, directors, trustees, employees or agents in conducting the day to day ministry, business and activities of the applicant. Applicant agrees to hold MARK ROWDEN MINISTRY INTERNATIONAL, its directors, officers, agents, employees or ambassadors harmless from and against any and all claims or actions asserted against or arising out of the day to day ministry, business and activities of the applicant.

_____ **Date:** _____
Responsible officer signing

Print name of signatory: _____

Position: _____

MARK ROWDEN MINISTRY INTERNATIONAL

Board Recommendation

Name of ministry applying for affiliation: _____

Name of ministry leader: _____

CURRENT MRM BOARD MEMBER RECOMMENDING YOUR CHURCH/MINISTRY FOR AFFILIATION:

Name (please print) _____

Address: _____ City: _____ State: _____ Zip _____

E-mail: _____ Phone: _____

Signature: _____ Date: _____

(MRM RECOMMENDING BOARD MEMBER MUST SIGN THIS APPLICATION BEFORE IT WILL
BE PROCESSED**)**

Application Check List

In order to facilitate your application, it is extremely important that you submit the application with all the required forms etc. completed. Please use the check list to help you do this.

X off the enclosed items:

- Recommendation from MRM Board member.
- Completed Affiliation Application

Affiliation approved this _____ day of _____, _____

MRM President: _____