

# Request for CMC Application

[CMC-001]

District \_\_\_\_\_

Ministry Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

In consultation with ministry leaders, it has been determined that this compassionate ministry fits within the framework of district and local ministries and that the CMC structure is the best avenue for pursuing this ministry's vision. Therefore, I am requesting an Application for Recognition as a Compassionate Ministry Center [CMC-002] and Start-Up materials be sent to the designee.

\_\_\_\_\_  
District Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Ministry Contact Person \_\_\_\_\_ Date \_\_\_\_\_

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