

## **MINISTRY INFORMATION**

Ministry Name	
New Ministry Inception Date:	
Existing Ministry Since:	
Spiritual Leader	
Name	Email:
<ul> <li>Authorized Representative</li> </ul>	
Name	Email:
STATEME	NT OF PURPOSE
(Describe the mission, vision, purpo	ose, goal and perceived activities of your ministry)



## Membership

We have read all applicable documents pertaining to the ministries of Union Baptist Church: to include the UBC Ministry Handbook, the UBC Policies and Procedures Manual and the Church By-laws. We thereby agree to fully comply with all mandates set forth in these documents. Furthermore, we accept full responsibility for any of the activities and events of this ministry and for all representations of the ministries as well.

Signed:		
	Spiritual Leader Signature	Date
Signed:		
	Member Signature	Date
Signed:		
	Member Signature	Date
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Signeu	Member Signature	Date
Signed:		
	Member Signature	Date
Signed:		
	Member Signature	Date
	(attach additional copies	of this page if needed)
For Office Use	Only:	
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AUTHODIZED	SICMATUDE.	DATE