

Mission Group Application Form

STEP ONE: Download and read the full [New Church Organization Policy](#)

Application Date _____

1. Name of Mission Group _____

Mailing Address _____

Location Address (if different) _____

2. Name of the sponsoring church or organization _____

(Enclose a copy of board voted action)

3. How many miles is the Mission Group from the sponsoring church? _____

4. How many miles is the Mission Group from the nearest Adventist church? _____

5. Share the reasons for establishing a Mission Group in this specific area?

6. What is the Mission Group's potential for growth in the community?

7. How many core members have committed to this endeavor? _____

Please submit the names and addresses of Mission Group core members.

8. What is your financial situation?

9. How much is the sponsoring church or organization contributing monthly?

10. We have read and accept the guidelines for establishing a Mission Group.

Yes _____ No _____

Please sign:

Board Chairperson of Sponsoring Church

Pastor or First Elder of Sponsoring Church

Mission Group Leader

Please return application to the Conference Vice President of Administration



FOR OFFICE USE ONLY

Date of Administration Committee (ADCOM) Review _____

Date of Illinois Conference Executive Committee (EXCOM) Approval _____