

## 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 \_\_\_\_\_