



**COUNCIL for HEALTH and HUMAN SERVICE MINISTRIES
United Church of Christ**

MEMBERSHIP APPLICATION

Please complete the membership application and certification document and, with the designated documents and application fee of \$50.00 (payable to "CHHSM"), send to:

Council for Health and Human Service Ministries
700 Prospect Avenue, Cleveland, OH 55115-1100

Name of Ministry/Organization

Street

Telephone #

City, State, Zip Code

FAX #

E-Mail Address: _____

Website: _____

Name of Chief Executive Officer

Title

Name of Person Completing Application

Title

If your ministry/organization provides direct services, please indicate which of the following service areas are applicable to your ministry:

- _____ Services to the Aging
- _____ Services to Children, Youth and Families
- _____ Services to Persons with Disabilities and/or Developmental Disabilities
- _____ Primary and Acute Health Care Services
- _____ Other _____

UCC Conference where Ministry or Corporate Office is located: _____

ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION:

(Please put a check mark next to all items that are enclosed.)

- 1. Copies of Articles of Incorporation, Constitution and By-laws.
- 2. Most recent financial audit and annual report.
- 3. Current identity or marketing materials.
- 4. A brief history of ministry/organization and relationship to the United Church of Christ.
- 5. Evidence of formal recognition by the appropriate UCC Conference
(if pending, indicate anticipated date of Conference action)
- 6. A brief description of present program and services and any plans for expansion.
- 7. A list of professional / trade affiliations.
- 8. Evidence of appropriate licensure & accreditation for services provided.
- 9. Certification Document (attached)
- 10. Application fee of \$50.00 (payable to "CHHSM")

DATED _____

[MORE]



CERTIFICATION DOCUMENT

This is to certify that the herein ministry/organization affirms its relationship with the United Church of Christ and meets the criteria for membership in the Council for Health and Human Service Ministries as defined by the Council’s Code of Regulation.

Name of Ministry/Organization

Mailing Address

City, State, Zip Code

Signature, President, Board of Directors Print Name

Signature, Chief Executive Officer Print Name

Attest: Signature, Secretary, Board of Directors Print Name

DATED: _____

Updated 2-3-17