
COMISS Network APPLICATION FOR MEMBERSHIP

[1] Official Organization Name:

[2] Address:

[3] Telephone Number: (_____) _____

[4] Fax Number: (_____) _____

[5] E-Mail Address: _____

[6] Web Site URL: _____

[7] Contact Person: _____

[8] Please check the membership category that best describes your organization:
In rare instances, an organization may understand itself as qualifying in two categories.
(See the enclosed membership descriptions.)

- _____ a. Professional Certification or Accreditation Organization.
- _____ b. Religious Endorsing Body.
- _____ c. Professional Pastoral Care Organization.
- _____ d. Chaplain and Pastoral Counselor Employing Organization.
- _____ e. Academic and Educational Institution.

- [9] Is this organization _____ Interfaith or _____ Single Faith
- [10] Is this organization: _____ For Profit or _____ Not for Profit
(Please attach documentation.)
- [11] List any other memberships this organization may hold:

- [12] Provide a copy of the organization's Constitution or By-Laws.
- [13] Provide a copy of the organization's Code of Ethics.
- [14] If applying as an Academic or Educational Institution, provide documentation of appropriate accreditation.
- [15] Provide supporting materials demonstrating how the organization meets the requirements of the membership category selected.
- [16] **Non-refundable application fee: \$200.00**
This is a non-refundable fee. If application for membership is accepted, \$100.00 of the application fee will be applied toward the first year's membership dues.

Signature: _____ Date: _____

Please return this application with the application fee and the appropriate supporting materials to:

**COMISS Network
1802 Green Trail
Keller, TX 76248
FOR OFFICE USE ONLY**

For Office Use Only:

Member : _____
Accepted: _____
App Fee: _____
Dues Paid: _____