

MAIL COMPLETED FORM TO:  
CHI ALPHA CAMPUS MINISTRIES, USA  
1445 BOONVILLE AVENUE  
SPRINGFIELD, MO 65802

# CHI ALPHA CAMPUS MINISTRIES, USA

## CHI ALPHA GROUP CHARTER AND AFFILIATION FORM

### 2008-2009 SCHOOL YEAR

FOR NATIONAL OFFICE USE ONLY  
AMOUNT RECEIVED \$ \_\_\_\_\_  
ACCT # 702-288



#### PERSONAL INFORMATION

NAME \_\_\_\_\_ GENDER:  MALE  FEMALE BIRTHDAY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MARITAL STATUS:  SINGLE  MARRIED  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_  
PHONE: HOME (\_\_\_\_) \_\_\_\_\_ OFFICE (\_\_\_\_) \_\_\_\_\_ SPOUSE'S FIRST NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ CHILDREN'S NAMES & BIRTHDAYS \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

#### MINISTERIAL INFORMATION

WHEN DID YOU EXPERIENCE THE NEW BIRTH (JOHN 3:3)? \_\_\_\_\_  
HAVE YOU RECEIVED THE BAPTISM IN THE HOLY SPIRIT WITH THE EVIDENCE OF SPEAKING IN TONGUES (ACTS 2:4)?  YES  NO  
DO YOU HAVE MINISTERIAL CREDENTIALS WITH THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD?  YES  NO YEAR RECEIVED: \_\_\_\_\_  
IF YES:  ORDAINED  LICENSED  SPECIALIZED LICENSE  CERTIFIED CREDENTIALING DISTRICT: \_\_\_\_\_  
NAME OF CHURCH YOU ATTEND: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PASTOR: \_\_\_\_\_  
HOW MANY YEARS HAVE YOU SERVED AS CHI ALPHA STAFF? \_\_\_\_\_ (BEYOND STUDENT & VOLUNTEER LEADERSHIP)

#### CAMPUS INFORMATION

(SEPARATE FORM REQUIRED FOR EACH CAMPUS SERVED)

OFFICIAL NAME OF SCHOOL YOU ARE SERVING: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
CHI ALPHA EMAIL ADDRESS \_\_\_\_\_ CHI ALPHA WEBSITE: \_\_\_\_\_  
DO YOU HAVE INTENTIONAL INTERNATIONAL STUDENT FRIENDSHIP MINISTRY?  YES  NO

#### POSITION INFORMATION

- CHI ALPHA STAFF:**  FULL TIME  PART TIME (CHECK ONE CATEGORY BELOW)  
 NATIONALLY APPOINTED CAMPUS MISSIONARY  DISTRICT APPROVED CAMPUS MISSIONARY  
 CAMPUS MISSIONARY ASSOCIATE
- CHURCH STAFF ASSISTING CHI ALPHA:**  FULL TIME  PART TIME (CHECK ONE CATEGORY BELOW)  
 SENIOR PASTOR  COLLEGE PASTOR  
 ASSOCIATE PASTOR  YOUTH PASTOR
- VOLUNTEER LEADER:**  FULL TIME  PART TIME (CHECK ONE CATEGORY BELOW)  
 UNIVERSITY FACULTY OR STAFF  STUDENT LEADER \_\_\_ UNDERGRADUATE \_\_\_ GRADUATE  
 LAY LEADER

#### FOR DISTRICT, AREA AND NATIONAL STAFF ONLY

IF YOU ARE ALSO A DISTRICT LEADER, AREA DIRECTOR OR A NATIONAL STAFF, CHECK ALL CATEGORIES THAT APPLY BELOW:  
 DXAD – DISTRICT CHI ALPHA DIRECTOR (FT)  AREA DIRECTOR (FT)  NATIONAL RESIDENT OR FIELD STAFF  
 DXAR – DISTRICT CHI ALPHA REPRESENTATIVE (PT)  AREA DIRECTOR (INTERIM)

#### GROUP CHARTER AND CAMPUS DIRECTOR AFFILIATION

ALL PRIMARY LEADERS ARE REQUIRED TO CHARTER THE GROUP AND AFFILIATE AS A LEADER BY SELECTING ONE OF THE CATEGORIES BELOW:  
IF LEADING MORE THAN ONE CAMPUS GROUP, PLEASE CHARTER EACH CAMPUS GROUP SEPARATELY. YOU ARE ONLY REQUIRED TO PAY FOR THE FIRST GROUP CHARTER/LEADER AFFILIATION FEE. ALL ADDITIONAL CHARTER/AFFILIATION FEES ARE WAIVED.

- [ ] **CAMPUS BASED GROUP CHARTER & PRIMARY LEADER AFFILIATION**  
**\$100.00** LATE: **\$125.00**  
Charter \$60 + Leader Affiliation Fee \$40 = \$100 CHARTER + AFFILIATION \$100 + LATE FEE \$25 = \$125
- [ ] **CHURCH BASED GROUP CHARTER & CHURCH STAFF LEADER AFFILIATION**  
**\$100.00** LATE: **\$125.00**  
Charter \$60 + Leader Affiliation Fee \$40 = \$100 CHARTER + AFFILIATION \$100 + LATE FEE \$25 = \$125.00
- [ ] **VOLUNTEER OR STUDENT LEAD GROUP CHARTER & VOLUNTEER LEADER AFFILIATION (NON PAID STAFF)**  
**\$50.00** LATE: **\$75.00**  
CHARTER \$30 + LEADER AFFILIATION FEE \$20 = \$50 CHARTER + AFFILIATION \$50 + LATE FEE \$25 = \$75.00

#### LEADER AFFILIATION ONLY

IF YOU ARE A CHI ALPHA STAFF MEMBER, CHURCH STAFF, VOLUNTEER OR STUDENT AND YOU DESIRE TO BE RECOGNIZED AS A LEADER IN ADDITION TO THE PRIMARY LEADER, YOU NEED ONLY TO AFFILIATE BY SELECTING ONE OF THE CATEGORIES BELOW:

- [ ] STAFF MEMBER AFFILIATION **\$40.00** LATE: **\$65.00** [ ] CHURCH STAFF AFFILIATION **\$40.00** LATE: **\$65.00** [ ] VOLUNTEER OR STUDENT LEADER AFFILIATION **\$20.00** LATE: **\$45.00**

#### AGREEMENT

I AGREE TO COOPERATE WITH REQUIREMENTS AND WILL ABIDE BY CHI ALPHA'S STATEMENTS OF VISION, MISSION, FAITH, RELATIONSHIP, AND THE LEADER & GROUP FINANCIAL RESPONSIBILITIES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_