

# Soma Family of Ministries

## Application for Covenant Level Membership

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Church or Ministry Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Your Email: \_\_\_\_\_

Please give us a brief description of your church: \_\_\_\_\_

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What present covenant member has recommended you? \_\_\_\_\_

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Please briefly describe how Soma can serve your vision: \_\_\_\_\_

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As a covenant member, describe how you plan to communicate our relationship to your leadership and congregation: \_\_\_\_\_

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OVER PLEASE

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Have you read the Constitution and Bylaws of Soma and do you generally agree with what is written in that document? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Are you willing to stay relationally connected to the other covenant members of Soma and Mark and Nicki Pfeifer personally? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Are you willing to host a Soma Sunday once a year? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Are you willing to attend a majority of our gatherings for mutual support, encouragements, networking and education? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Are you willing to support Soma financially? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Please describe how Mark and Nicki Pfeifer can serve you and your spouse on a personal level:

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Please give us any final comments or questions about Soma:\_\_\_\_\_

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Signature: \_\_\_\_\_

Printed Name:\_\_\_\_\_

**PLEASE MAIL TO: Soma, P. O. Box 913, Chillicothe, Ohio 45601**

Or

**PLEASE FAX TO: (740) 663-5597**

*Mark Pfeifer will contact you shortly concerning your application. Thank you!*