

Soma Family of Ministries

Application for Fellowship 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: _____

What present covenant member has recommended you? _____

Please briefly describe how Soma can serve your vision: _____

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

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:

Please give us any final comments or questions about Soma:_____

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!