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.


[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