

Campus Ministry Association  
The University of Georgia

**Application for New Supervising (Full) Member  
for 2006-2007**

**Please mail this application with a check  
(annual dues of \$40 per organization (if not already paid) plus \$15 for the Full Member) to:  
Jim McGown, CMA Secretary, 1250 S. Lumpkin St., Athens, GA 30605.**

Date: \_\_\_\_\_ Campus Ministry Name: \_\_\_\_\_

Ministry Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ministry Phone: (\_\_\_\_\_) \_\_\_\_\_ Ministry Website: \_\_\_\_\_

**New Supervising (Full) Member:**

[Note: Date of Birth (DOB) and Social Security Number (SSN) are required only if you desire to purchase football tickets or to obtain a UGA ID. They are given only to UGA Student Affairs and Activities.]

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

(Please fill out the other side)

**QUALIFICATIONS (Please check boxes as appropriate)**

**1. I have read the CMA ...  Constitution  Covenant  Code of Ethics**

**Signed** \_\_\_\_\_

**2.  I am ordained or called by my faith community to serve the UGA campus and  
 have a master's degree or at least 2 years of formal education beyond the  
undergraduate level**

**- or -**

**have a minimum of 5 years in full-time ministry AND a letter of appointment from my  
sponsoring body indicating I am officially representing the religion/faith at UGA (please  
attach a copy of the letter).**

**3. I will attend an orientation session in the (*check one*):  fall  spring**