

**WI DISTRICT UPCI NAM
APPLICATION FOR ENROLLMENT IN P.R.O.P.**

Church Name: _____ Pastor: _____
Address: _____ City: _____ St: _____ Zip: _____

Have you read the PROP guidelines in WI NAM Operations Handbook? Yes No

I _____ desire to Decline Enroll the _____
Church in the WI District UPCI PROP partner in missions' program.

Please describe in as much detail as possible, the ways in which you feel P.R.O.P. funds could benefit your church: _____

What is the church's gross monthly income? \$ _____ Total monthly expenses: \$ _____
Does the church Own Lease Rent its current location? Mortgage / Lease Payment \$ _____
What is the church's total current cash assets? \$ _____
Is the church affiliated with the UPCI? Yes No
Do you agree to maintain WI NAM monthly reports? Yes No
Is the church current on all of its financial obligations? Yes No
Do you personally receive financial compensation from the church? Yes No
Do you agree to financially support Global Missions and NAM, as you are able? Yes No

I understand that by enrolling in PROP, I am requesting monthly financial partnerships from the pastors and churches of the WI District UPCI. In consideration for this support, I pledge to operate at the highest level of ministerial ethics and financial accountability.

Signature _____ Date ____/____/____

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[THIS SECTION TO BE COMPLETED BY THE WI DIST NAM DIRECTOR/SECRETARY]

Date the applicant met the NAM board: ____/____/____

Was this applicant approved by a majority vote of the WI NAM board? Yes No

Signature _____ Date ____/____/____
WI NAM Director / Secretary