



VISION:

To collectively empower underserved communities.

MISSION:

A faith community, in covenant relationship with member churches, and partnership with financial institutions, businesses, and other organizations for community empowerment.

MEMBERSHIP APPLICATION

Please check the following that applies:

Individual

Strategic Partner

Ministry

Name: _____

Address: _____

Contact Information: Email _____ Phone: _____

Personal House of Worship Affiliate (if applicable): _____

Organization/House of Worship

Name of Organization/Ministry (if applicable): _____

Address of Organization/Ministry (if applicable): _____

Owner/Principal (if applicable): _____

Type of Business: _____ Years of Establishment: _____

Legal Structure: _____

Contact Information: Email _____ Phone: _____

If you are not a pastor/worship leader, please provide the following information:

Pastor/Worship Leader: _____

House of Worship: _____

Address: _____

Contact: Email: _____ Phone: _____



COLLECTIVE EMPOWERMENT GROUP OF SOUTH FLORIDA, INC.



If you wish to designate a liaison or be the liaison for the aforementioned organization or ministry:

Liaison Name: (if different from name listed above) _____

Liaison's Mailing Address: _____

Liaison Contact: Email _____ Phone: _____

Please select one of the following endeavors that you would most interested in:

- Municipal Equity Miami 2.0 Membership
- Support Well Strategic Partners Oversight Criminal Justice Reform
- Economic Empowerment Homebuyer & Financial Education Small Business

Annual Membership Fees

***Membership fees cover ONE calendar year, January to December**

- Individual - \$50 Business/Organization - \$100
- Ministry w/ membership under 100 - \$150 Ministry with membership between 100-500 - \$250
- Ministry w/ membership between 500 -1000 - \$500 Ministry with membership of 1000+ - \$1000

Payment options:

- Full Amount Quarterly (January, April, July, Oct)
- Bi Annual (January & July) Other Contribution

Please make the check payable to:
 The Collective Empowerment Group of South Florida Inc.
 6001 N.W 8th Avenue
 Miami, FL, 33127

*If you are unable to pay the fees at the time of submitting the application, please fill out anyway and we will coordinate with you on the time frame for payment

- I will adhere to the Vision and Mission of the Collective Empowerment Group of South Florida, Inc. and strive to engage fully in the efforts of the CEG

Signature: _____ Date: _____