

## Church Referral Network Sponsorship Form

The undersigned Agrees to the following conditions and commitments.

1. You are at least eighteen years of age.
2. As a Bible believing Christian you have or are seeking a Bible Believing Church.
3. You have chosen to participate as: (please check the appropriate boxes)
  - 1.)  Church Rep – I am enclosing a check from my church for \$100 for 3 months, \$300 for 1 year or \$1,200 for 4 years. I understand I will receive 25% commission for this check and 25% for all checks of the program I bring in, at no cost to me to participate.
  - 2.)  CRN Associate One – After consideration of the options I have chosen to support my own church and have included a Bank check (or) Money Order for \$360 to the CRN if my sponsor is a Church Rep (or) \$306 to my Sponsoring Assoc and \$54 to the CRN if my Sponsor is a Level One or Level Two CRN Associate as designated by their ID number and per phone call to the CRN 800-394-4174. This payment will need to be renewed every year for my church to continue to have a Church-Page in the website – and – to be active – in sponsoring other CRN Level One Associates.
  - 3.)  CRN Associate Two – I have decided, I want to not only be paid 85% for being an Associate Sponsor at Level One for one year, but I choose to participate at Level Two sponsoring my church for 4 years paying \$1,260 to the CRN if my Sponsor is a Level One or Church Rep. If my Sponsor is a Level two Associate per ID number then \$1,071 will be paid to the Associate and \$189 will be paid to the CRN by Bank check of Money Order. Level One and Church Reps sponsoring a Level Two participant will be paid 25% by the CRN.

Please answer the follow questions: (please print)

Name: \_\_\_\_\_ Address \_\_\_\_\_  
City/state/zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
User ID (given per phone call to CRN) \_\_\_\_\_  
Sponsor's Name: \_\_\_\_\_  
User ID (from Ad that brought you to this web-site) \_\_\_\_\_  
Name of Church \_\_\_\_\_  check if sponsor's church  
Address: \_\_\_\_\_ city/state/zip \_\_\_\_\_  
Senior Pastor's Name \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ date: \_\_\_\_\_

Enclosed is my Church check to the CRN (or) My Bank Check/Money Order to the CRN. If Sponsor is designated as an Associate, then one Bank check or Money Order to the Associate is included with another Check or Money Order to the CRN. In addition the Pastor should sign the National Evangelical Statement of Faith and fill out the Church Info sheet for the website page (If using Sponsor's church other forms not needed).

Send to: CRN 5001 Route 23 Ste 3 Box 104 Oneonta, NY 13820