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CITYGATE[™]
NETWORK



Organizational Membership Application

Organizational membership in Citygate Network is open to missions, agencies, churches, and other ministries that fully embrace the core of the Christian gospel (as we believe is represented in the Citygate Network Statement of Faith) and are doing (or in the case of churches, specializing in) the work of moving people in desperate situations and destitute conditions from human suffering to human flourishing.

Candidates for organizational membership might be engaged in one or more of the following: feeding; sheltering; addiction recovery; abuse and trafficking deliverance; society reentry training; refugee reception; life-necessities distribution; programs for disadvantaged youth; medical respite and dental care; mental health therapy; education and tutoring; legal assistance; career development; job placement; and temporary or permanent housing procurement.

Inherent in Citygate Network's philosophy is that complete Christian ministry needs to include a spoken gospel message (see www.citygatenetwork.org/spoken_gospel_message), as well as good works that are a manifestation of that message. This is the single qualifying practice that all Citygate Network members share.

(Please print clearly in uppercase and lowercase. Thank you.)
Would you like help to complete this? Call us at (719) 266-8300, ext. 100.

Step 1: Contact Details

This information will appear in the online membership directory.

Organization name:

Physical address of organization's business office:

City: _____

State/Province: _____ ZIP/Postal Code: _____ Country: _____

Phone: (____) _____ Fax: (____) _____

Toll-free number (if applicable): (____) _____

Email (for general correspondence and inquiries):

Website: _____

Mailing address of organization's business office
(if different from physical address):

City: _____

State/Province: _____ ZIP/Postal Code: _____ Country: _____

Business phone (if different from organization): (____) _____

Business fax (if different from organization): (____) _____



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Step 2: Statement of Faith

The Citygate Network bylaws state that subscription and adherence to the following statement of faith is a prerequisite for membership. Please review the following and then use the check box to indicate the stance of your organization's leaders.

- ▶ We believe the Bible to be the inspired, the only infallible, ultimately authoritative Word of God.
- ▶ We believe there is one God, eternally existing as Father, Son, and Holy Spirit.
- ▶ We believe that the Lord Jesus Christ is Deity, that He was born of a virgin, that we are redeemed by His atoning death through His shed blood, that He bodily resurrected and ascended into heaven, and that He will come again in power and great glory.
- ▶ We believe that individuals are saved through a direct, personal encounter with the risen Lord, at which time they are regenerated by the Holy Spirit.
- ▶ We believe in the present ministry of the Holy Spirit, by whom Christ indwells each believer, enabling him or her to live a godly life of obedience as he or she reaches for maturity.
- ▶ We believe the Holy Spirit unites all true believers in the Lord Jesus Christ and that together they form one body, the church.

Step 3: Code of Ethics

While Citygate Network is not a regulatory enforcement agency, it desires that its members conduct their affairs in manners that are safe, lawful, and God-honoring. In that regard, Citygate Network asks its members to abide by the standards below.

- ▶ We agree to treat every individual who comes to us for assistance with the utmost dignity and respect.
- ▶ We agree to exercise the highest level of integrity in all of our fundraising and financial management practices.
- ▶ We agree to adhere to principles of organizational and board governance that will promote realistic accountability to those in authority.
- ▶ We agree to create and maintain a clean, safe, and courteous environment for clients and staff.
- ▶ We agree to adhere to all local, state/provincial, and federal codes and laws that apply to our organization.
- ▶ We agree to show respect toward (and collaborate with, when appropriate) other organizations in our area that seek to assist hungry, homeless, abused, and addicted people.
- ▶ We agree to follow scriptural guidelines when resolving conflicts.

Our organization is in agreement with the Citygate Network Statement of Faith and Code of Ethics, and also affirms the Citygate Network Statement on Biblical Sexuality (www.citygatenetwork.org/sbs).

Signature of CEO or board member: _____ Date: _____

Step 4: Membership Structure and Fees

Your membership fee is based on your organization's 12-month gross operating *expenses*. Within your membership, you will receive 6-36 individual members (based on the chart below). These are broken into two types: Classic and Digital. Classic members receive a hard copy of *Instigate* magazine and voting privileges in the Network, in addition to the Digital member benefits that include: access to Citygate Network's members-only website and resource library, online discussion forums, and electronic newsletters such as *Street Smart* and *Wednesday's Word*, as well as discounts on Citygate Network's resources and training events. Up to half of your Digital members may be designated as Classic members.

The executive director (your organization's president or CEO) will receive a subscription to *2 the Point* (email newsletter). A complete list of Citygate Network's nearly 70 Organizational Member Benefits, with descriptions, are online in a flipbook version at www.citygatenetwork.org/membership_flipbook.

Memberships are valid for 12 months and must be renewed annually. The Citygate Network office will notify you in advance of your renewal date.

1. Referring to the chart below, enter the fee that corresponds to your organization's 12-month gross operating expenses.

2. Subtract 10 percent from the fee in box 1 above if you are a new Citygate Network member, or if you have been out of membership for at least three years. Enter your discounted fee here or, if not applicable, leave this box blank.

3. Subtract 5 percent of the amount in box 2 if you will pay the entire amount with this application. Enter your discounted fee here or, if not applicable, leave this box blank. **This is the fee due with this application if you will pay annually.**

4. Divide by 2 the amount in box 2 above if you are paying semiannually, or by four if you are paying quarterly. Enter that figure here or, if not applicable, leave this box blank. **This is the fee due with this application if you choose a payment plan.**

Level	Annual Operating Expense	Annual Fee (U.S. funds)	Classic Members	Digital Members
<input type="checkbox"/> A	\$0 - \$100,000	\$455	3	6
<input type="checkbox"/> B	\$100,001 - \$200,000	\$725	4	8
<input type="checkbox"/> C	\$200,001 - \$400,000	\$1,075	5	10
<input type="checkbox"/> D	\$400,001 - \$600,000	\$1,540	6	12
<input type="checkbox"/> E	\$600,001 - \$800,000	\$1,965	7	14
<input type="checkbox"/> F	\$800,001 - \$1,000,000	\$2,300	8	16
<input type="checkbox"/> G	\$1,000,001 - \$2,000,000	\$2,585	9	18
<input type="checkbox"/> H	\$2,000,001 - \$3,000,000	\$2,870	10	20
<input type="checkbox"/> I	\$3,000,001 - \$4,000,000	\$3,155	11	22
<input type="checkbox"/> J	\$4,000,001 - \$5,000,000	\$3,445	12	24
<input type="checkbox"/> K	\$5,000,001 - \$6,000,000	\$3,735	13	26
<input type="checkbox"/> L	\$6,000,001 - \$7,000,000	\$3,840	14	28
<input type="checkbox"/> M	\$7,000,001 - \$8,000,000	\$4,050	15	30
<input type="checkbox"/> N	\$8,000,001 - \$9,000,000	\$4,240	16	32
<input type="checkbox"/> O	\$9,000,001 - \$10,000,000	\$4,345	17	34
<input type="checkbox"/> P	More than \$10,000,000	\$4,395	18	36

Note: Additional Digital members beyond the allotted number can be added for \$49 each, and *Instigate* magazine subscriptions can be purchased separately for \$36 if you need more magazines than your number of Classic members allows. Contact us at (719) 266-8300 x100 for further details.

Step 5: Individual Members

Executive Member Information

The person you list to the right will be your first individual member, and should be your organization's executive director, CEO, or president (the primary on-site decision maker). **He or she will receive renewal information unless specified differently under individual member number 2.**

Note: Because email is a primary means of communication, Citygate Network desires to collect direct email addresses for the executive and other individual members. *Street Smart, 2 the Point*, event notifications, and certain other services are only available via email.

1 Name: _____ Prof. Network: EL
Home mailing address: _____
City: _____
State/Prov.: _____ ZIP/Post.: _____ Country: _____
 Check this box if mailings should be sent to the home address rather than the mission.
Direct line: (_____) _____ Cell phone: (_____) _____
Home phone: (_____) _____
Email: _____
Spouse's name (if applicable): _____

Other Individual Members Information

The number of individual members you can list corresponds to your membership level (see Step 4). You have already listed your first individual member (above). We suggest you include key staff members as well as board members. Up to half of your digital members may also be designated as classic members.

Note: Include mailing address in this step ONLY if publications are to be sent to a location other than the organization.

Professional Networks

Citygate Network has 19 affinity groups called Professional Networks that are set up along the lines of profession, vocation, or area of greatest responsibility. It is the "home" to which individual members go for collaboration, support, and encouragement. Citygate Network's website features a discussion forum for each Professional Network.

Every individual member can select a Professional Network from the list below with which to identify. Enter the two-letter code on the line provided next to each individual member's name. Suggestions as to who would benefit from each group are also shown below. Members may join additional groups online once the membership is active.

- BD Board Group** (for board chairs, board officers, board members)
- EL Executive Leadership Group** (for organization executive directors, CEOs, presidents)
- AL Associate Leadership Group** (for assistant directors, COOs, associate directors)
- FM Financial Management Group** (for business managers, CFOs, comptrollers, bookkeepers)
- PM Program Management Group** (for men's/women's program directors, assistant program directors)
- PC Pastoral Care Group** (for pastors, spiritual life directors, chaplains)
- CM Case Management Group** (for case managers, assistant case managers)
- CL Counseling Group** (for licensed counselors, family counselors, psychologists)
- AS Addiction Specialization Group** (for addiction recovery staff, life skills staff)
- YM Youth Ministry Group** (for day care directors, youth center supervisors, camp leaders)
- VE Vocational Education Group** (for learning center staff, career development staff)
- DV Development Group** (for development directors, stewardship specialists, PR/community relations staff)
- HR Human Resources Group** (for employment directors, HR staff)
- VC Volunteer Coordination Group** (for volunteer recruiters, organizers, managers)
- FS Food Service Group** (for food service supervisors, cooks, dietitians, pantry workers)
- MM Facility Management Group** (for maintenance directors, fleet managers, housekeepers, security personnel)
- IT Information Technology Group** (for IT managers, web designers, software developers)
- AA Administrative Assistance Group** (for office managers, executive assistants, receptionists, clerical workers)
- EP Entrepreneurship Group** (for business development leaders, special work program supervisors)

2 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (_____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____
 We prefer that the individual member listed above be our billing contact and receive the annual renewal information.

3 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (_____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

4 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (_____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

5 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (_____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

6 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (_____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____



Step 5: Individual Members Individual Members Information (Continued)

7 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

8 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

9 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

10 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

11 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

12 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

13 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

14 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

15 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

16 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

17 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

18 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

19 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

20 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

21 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

22 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

Step 5: Individual Members Individual Members Information (Continued)

23 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

24 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

25 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

26 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

27 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

28 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

29 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

30 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

31 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

32 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

33 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

34 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

35 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

36 Name: _____ Prof. Network: _____
Job title: _____ This is a classic member.
Email: _____ Cell phone: (____) _____
Mailing address: _____
City: _____ State/Prov.: _____ ZIP/Post.: _____

NOTE: Don't forget to go online and update the individual members in your Organization Profile if/when you have personnel changes.

Step 6: Organization Details

One of the member benefits Citygate Network offers is listing your organization's information in the membership directory on Citygate Network's website. Thousands of clergy members, family members, and concerned friends consult this directory to find facilities and/or services needed for their congregational members, friends, acquaintances, or loved ones. Many also consult the directory to find places to volunteer and donate.

Check all that apply. Check the boxes: (1) if your organization has the facilities and/or offers the programs/services; or (2) if the facilities/programs/services are offered at and/or through one or more other organization with whom you are in partnership or collaborating.

Critical Care

- Community wellness checks
- Day room for guests
- On-site meals for guests
- Food pantry for the public
- Community food distribution
- Clothing store/distribution
- Furniture bank
- Emergency shelter for men
Total number of beds _____
- Emergency shelter for women
Total number of beds _____
- Emergency shelter for men w/children
Total number of beds _____
- Emergency shelter for women w/children
Total number of beds _____
- Emergency shelter for intact families
Total number of beds _____
- Mobile search and rescue
- Low barrier campus
- Sex offenders permitted
- Pets permitted

Spiritual Nurture

- Chapel services
- Table chaplains
- Discipleship classes
- Biblical counseling

Oversight

- Case management
- Personal mentoring

Residential Life-Transformation Programs

- Detox facility
- Long-term drug/alcohol recovery for men
Total number of beds _____
- Long-term drug/alcohol recovery for women
Total number of beds _____
- Remote (e.g., farm) treatment facilities
- Abuse (e.g., physical, sexual) recovery
- Human trafficking victims program
- Sex addiction deliverance
- Sex offender treatment
- Gambling deliverance
- Anger management

Health Services

- Medical clinic
- Dental clinic
- Vision clinic
- Mental health clinic
- Mental respite care facility/treatment
Total number of beds _____
- Mobile health (e.g., feet, head/hair, showers) services

Children and Youth

- Daily childcare for residents
- Street kids/gang member programs
- Youth activity center

Children and Youth (continued)

- School
- Bible clubs
- Recreation programs (without youth center)
- Day camp
- Residential camp
- Adoption agency
- Orphanage
- Live-in programs (not accompanied by parents)
- Detention/correctional facilities

Education

- GED classes
- Literacy classes
- ESL classes
- Tutoring
- Computer training
- Life-skills training
- Domestic (e.g., cooking) skills training

Career Advancement/Employment

- Career counseling
- Specific career training
- Job readiness programs
- Job placement

Housing

- Transitional housing for men
Total number of beds _____
- Transitional housing for women
Total number of beds _____
- Transitional housing for families
Total number of beds _____
- Low-income housing
- Senior housing
- Special needs housing
- Permanent supportive housing
- Housing placement services
- Rent assistance

Other Programs and Services

- Immigrant integration
- Seniors programs
- Special needs programs
- Veterans services
- Ex-offender reentry program
- Jail and prison ministries
- Legal services
- Pregnancy care
- SOGI ministry/assistance
- Community garden/food production
- Community/neighborhood outreach program (beyond your facilities)
- Business(es) owned for job training
- Thrift store(s)



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Step 7: Payment

Payment is to be made in U.S. funds, and is for the amount shown in the box on line 3 or 4 of Step 4, plus any additional digital members at \$49 each. Please contact us to inquire about possible exchange rate adjustments if you live outside the U.S.

Check enclosed, payable to Citygate Network

Charge my: MasterCard Visa Discover AMEX

Card number: _____

Expiration: ____/____ Security code: _____

Cardholder name: _____
(as it appears on card; please print):

Billing address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Cardholder phone number: (____) _____

Cardholder signature

Step 8: Mailing

Mail to:
Citygate Network
2153 Chuckwagon Road, Suite 100
Colorado Springs CO 80919

Fax to:
(719) 266-8600

Phone: (719) 266-8300
Email: info@citygatenetwork.org
Web: www.citygatenetwork.org

If you would like to discuss any aspect of your organization's membership, call (719) 266-8300 x100.

You can expect your membership packet to arrive in seven to 10 days. Publications and other member-related information will follow.

Citygate Network reserves the right to decline membership for any reason if, in the sole judgment of Citygate Network, it is determined that the best interests of Citygate Network would not be served thereby, including a determination that the applicant's purpose or statement of faith are not sufficiently compatible with the principles, precepts, or values of Citygate Network. Citygate Network also reserves the right to discontinue membership if information should surface that demonstrates, in the reasonable judgment of Citygate Network, that a member is inconsistent with the principles, precepts, or values of Citygate Network. In the event Citygate Network should decline mission membership, a full refund shall be made. In the event Citygate Network should discontinue an organization's membership, a prorated membership fee shall be refunded.