

**CLERGY UNITED FOR COMMUNITY EMPOWERMENT, INC. (formerly \*SQCCE)**

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**MEMBERSHIP APPLICATION AND QUESTIONNAIRE**

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E

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTHDAY (year optional) \_\_\_\_\_ ORDINATION DATE \_\_\_\_\_

CHURCH NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

WHAT IS YOUR POSITION IN YOUR LOCAL CHURCH? \_\_\_\_\_

REFERENCE PERSON \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

**ORGANIZATION AFFILIATIONS**

(Religious, Civic, Political etc.)

Name

Position

_____	_____
_____	_____
_____	_____

HOW DID YOU FIRST BECOME INTERESTED IN CUCE?  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY SPECIFIC PROJECTS THAT YOU WOULD LIKE TO SEE US UNDERTAKE? \_\_\_\_\_

WOULD YOU LIKE TO SERVE ON ONE OF OUR COMMITTEES? YES \_\_\_ NO \_\_\_

CAN YOU SUGGEST ANY RESOURCE PERSON WE MIGHT REACH OUT TO?

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVAL DATE \_\_\_\_\_ ANNUAL PAYMENT RECEIVED \$ \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

Formerly:  
Southeast  
Queens  
Clergy For  
Community  
Empowerment  
\*SQCCE