



NEW HORIZONS MINISTRIES
 International Pentecostal Holiness Church
 3905 S. Elm Place Broken Arrow, OK 74011
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www.nhmiphc.com

EVANGELIST'S BENEFIT REQUEST FORM

(Benefit Provided to IPHC Ordained Ministers who are Members of NHM)

The NHM ByLaws states in Article II, Section 5, 5a,5b and 5c: "A minister whose primary source of income is ministerial and conducts a minimum of 24 weeks of revival services or 72 revival services per year may be listed as a full-time evangelist. Three consecutive days/services shall constitute a week of revival services. Full-time evangelists shall receive \$750 for each event attended (Camp Meeting, Days of Destiny, Quadrennial Conference, IPHC General Conference), and \$750 for Christmas. To be eligible for the above benefits, full-time evangelists must have a minimum of one year's experience as a full-time evangelist or pastor and must be a member of the Conference for a year prior to receiving these benefits."

I am requesting payment for the benefit of compensation for attending each of the following IPHC/NHM events for the Year _____. (NOTE: In order to qualify for the compensation, the evangelist must attend the entirety of each event for which he is requesting compensation.) Page 1 of this may be submitted following your attendance at each event to receive payment for that event. Payment is not made in advance of an event.

- | | | |
|--|------------|----------|
| <input type="checkbox"/> Days of Destiny | @ \$750.00 | \$ _____ |
| <input type="checkbox"/> Quadrennial Conference | @ \$750.00 | \$ _____ |
| <input type="checkbox"/> NHM Fall Camp Meeting | @ \$750.00 | \$ _____ |
| <input type="checkbox"/> IPHC General Conference | @ \$750.00 | \$ _____ |
| <input type="checkbox"/> Christmas | @ \$750.00 | \$ _____ |

TOTAL PAYMENT DUE \$ _____

Request for Social Security/Ministry Identification Number

(Substitute for IRS Form W-9)

Print

Name	Social Security Number	Date of Birth
Address	City/State	Zip
<input type="checkbox"/> Check here only if you prefer checks to be written to your 501(c)3 ministry. If checked, complete the following.		
Ministry Name (Ministry Corporation with 501(c)3)		Employer Identification Number
Ministry Address	Ministry City/State	Ministry Zip
Sign Here		Date

Under penalties of perjury, by my signature I certify that the information shown on this form is my correct Social Security Number or Federal Identification Number.

SEE PAGE 2 FOR DOCUMENTATION OF ELIGIBILITY OF BENEFIT

