Business Membership Application

Citygate Network’s business members are companies and organizations that believe in the ministry of life transformation. They choose to come alongside rescue missions and like-minded ministries by providing products, programs, and services that can save them money, increase their effectiveness, and even boost their capacity.

Consider These Facts:

- Approximately 300 member missions operate in the United States and Canada.
- The combined revenue at all member missions is about $1.5 billion annually.
- Individual members—those connected with missions—number over 2,000.
- Rescue mission leaders are entrepreneurs, always open to innovative ideas.
- In most missions, decision-making and purchasing is not a complex process.
- Members spend nearly $800,000 every year at Citygate Network’s Annual Conference and Exposition.

Information is also available at www.citygatenetwork.org/go/business

(Please print clearly in uppercase and lowercase. Thank you.) Would you like help to complete this? Call us at (719) 266-8300, ext. 110.

Step 1: Business Information

This information will appear in the Citygate Network online business member directory.

Business name: ____________________________________________________

Business contact: __________________________________________________

Physical address of 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 office (if different from physical address):
__________________________________________________________________
__________________________________________________________________
City: ______________________________________________________________
State/Province: _____ ZIP/Postal Code: _______ Country: __________

Business description:
(15 words or fewer that describe your product[s] and/or service[s]):
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Step 2: Business Member Code of Ethics

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

- 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 and transparency in all of our financial dealings with Citygate Network members.
- We agree to adhere to the regulations Citygate Network puts forth regarding use of Citygate Network member contact information.
- We agree to provide everything promised in our advertising.
- 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 that are competitors and not seek to “steal” customers through unethical or questionable measures.
- We agree to resolve conflicts using the principles of Peacemaker Ministries.

☐ Our business/organization is in agreement with the Citygate Network Business Member Code of Ethics.

Signature of CEO or board member: __________________________________________________________ Date: __________
Step 3: Contact Information

Principal Contact

The person you list directly below will be your first individual business member. We will consider him or her your business’s primary contact. He or she will receive renewal information.

1. Name: __________________________________________________________
   Position: ___________________________________________________________
   Mailing address (if different from office):
   _________________________________________________________________
   City: _____________________________________________________________
   State/Prov.: _______ ZIP/Post.: ___________ Country: _____________
   Direct line: (_______)_______________
   Cell phone: (_______)_______________
   Email: _____________________________________________________________
   Assistant’s name (if applicable):  _____________________________________
   □ Billing contact  □ Event contact

Second Contact

This person you list here is your second individual business member, included as part of your business membership.

2. Name: __________________________________________________________
   Position: ___________________________________________________________
   Mailing address (if different from office):
   _________________________________________________________________
   City: _____________________________________________________________
   State/Prov.: _______ ZIP/Post.: ___________ Country: _____________
   Direct line: (_______)_______________
   Cell phone: (_______)_______________
   Email: _____________________________________________________________
   □ Billing contact  □ Event contact

Additional Individual Business Members

There is no additional charge if your third person is simply the billing or event contact for your organization.

3. Name: __________________________________________________________
   Position: ___________________________________________________________
   Mailing address (if different from office):
   _________________________________________________________________
   City: _____________________________________________________________
   State/Prov.: _______ ZIP/Post.: ___________ Country: _____________
   Direct line: (_______)_______________
   Cell phone: (_______)_______________
   Email: _____________________________________________________________
   □ Billing contact  □ Event contact

4. Name: __________________________________________________________
   Position: ___________________________________________________________
   Mailing address (if different from office):
   _________________________________________________________________
   City: _____________________________________________________________
   State/Prov.: _______ ZIP/Post.: ___________ Country: _____________
   Direct line: (_______)_______________
   Cell phone: (_______)_______________
   Email: _____________________________________________________________

5. Name: __________________________________________________________
   Position: ___________________________________________________________
   Mailing address (if different from office):
   _________________________________________________________________
   City: _____________________________________________________________
   State/Prov.: _______ ZIP/Post.: ___________ Country: _____________
   Direct line: (_______)_______________
   Cell phone: (_______)_______________
   Email: _____________________________________________________________
Step 4: Payment

The annual fee of $510 for Citygate Network business membership is to be paid in full with this application. This fee provides benefits to two individual business members. Additional individual business members can be added for $49 each.

The total amount ($510, plus any add-on members) due is: $__________

- 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 5: 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 business membership with Citygate Network, call (800) 473-7283, ext. 110.

You can expect your membership packet to arrive in about two weeks. Publications and other member-related information will follow.

Citygate Network is a not-for-profit organization that offers business membership to those companies/organizations committed to furthering life-transformation ministry. Citygate Network is not responsible for the claims made by its business members, and it reserves the right to select or reject business membership, in the sole discretion of Citygate Network, for any or no reason.