



Apostolic Restoration Ministry Church, Inc.

Office of Administration

Email completed forms to ARMChurchForms.ms@gmail.com

PUBLICATION APPROVAL

Any publication (Flyer, program, bulletin, brochure, letter, newsletter, memorandum, etc.) bearing the name, seal or insignia of Apostolic Restoration Ministry Church, Inc. **MUST** be submitted to the Administrative department for proofreading, editing (if necessary) and approval before printing and/or distribution. **This does not apply to interdepartmental minutes or inter-office memorandums.**

Note: Electronic copy of publication must accompany completed form for review.

******* TO BE COMPLETED BY REQUESTER *******

Name of Department: _____

I, _____, President of the above stated department/ministry request approval of the attached publication to be distributed on or before _____, 20 _____

The following information **MUST** be clearly stated on each publication:

1. If the event is at the church the church name, address and Pastor Porter's name as pastor.
2. Purpose and/or theme of the event: (Who, what, When, and why)

3. Date the event will be held: _____

4. Beginning Time: _____

Signature of Department Head: _____ Date: _____

******* TO BE COMPLETED BY THE ADMINISTRATIVE DEPARTMENT *******

_____ **Approved:**

_____ **Denied:**

_____ **Date:** _____
Signature of Administrative Office Representative