Independent Assemblies

Fellowship Church Application

Revised FEB. 2007

FOR OFFICE USE
Date _____
Amt.Ck._____
Check #_____
Dt.Appr._____

PLEASE PRINT LEGIBLY

Date _____ EIN Number _____

Church Name _____

Street Address _____ City_____ State_____ Zip_____

Mailing Address _____ City_____ State _____ Zip_____

Church phone (_____)_____ Fax (_____)_____

Email address _____ Website _____

Our Pastor is a member of the Independent Assemblies in good standing. We have read the Independent Assemblies Statement of Faith and found it to be compatible with our own. We have read and are in general agreement with the Bylaws and Policies that govern the fellowship. **We have our own 501 (c) 3 Federal Tax Exemption and have no need to be covered by the Independent Assemblies' Group Ruling #1963.** However, we do wish to be listed as a fellowship church, to be included in the activities of the fellowship, and to receive the monthly newsletter and other communications and privileges. **We further agree to support Independent Assemblies Missions program with a monthly offering.**

This Resolution Resulted from: ❑ Common Consent ❑ Board Decision ❑ Membership Vote ❑ Executive Decision

Pastor's Name _____Pastor's Phone (_____)_____

Address _____ City_____ State_____ Zip_____

Email Address _____ Website _____

Associate Pastor: _____ Phone (_____)_____

OTHER OFFICERS - Please describe by title or position

_____ Phone (_____) _____

_____ Phone (_____) _____

_____ Phone (_____) _____

Authorizing Officer: (please print) _____

Authorizing Officer's Signature:_____

Fellowship Church annual fee $50.00 ***(Please include with application)***
Complete and return to:

***Independent Assemblies*— P O Box 1546— Ada, OK 74821**