



MISSOURI BAPTISTS

HOW YOUR CHURCH MAY AFFILIATE WITH THE MISSOURI BAPTIST CONVENTION

Step 1: Complete the Resolution for Affiliation

- It's a simple three-page document
- Enclosed for your reference is a copy of the MBC Constitution; pay particular attention to Article II – Composition
- Email the completed form to newaffiliations@mobaptist.org or mail to:

New Church Affiliation
c/o The Missouri Baptist Convention
400 E. High Street
Jefferson City, MO 65101

Step 2: Meet with a regional MBC multiplying churches missionary

- The missionary contacts you to schedule an appointment
- This is a good time to ask questions and clarify issues
- Although it is not required, the missionary may request an endorsement from the Director of Missions for your local Missouri Baptist association

Step 3: Engage with the Cooperative Program

- Submit an initial contribution to the Missouri Baptist Convention with the completed Resolution for Affiliation
- Determine your ongoing contribution to the Cooperative Program. This is a percentage (or amount) of undesignated receipts sent to the MBC for cooperative missions throughout the state and around the world (learn more about the Cooperative Program at www.mobaptist.org/cp)
- Your church, as an autonomous local body of believers, determines the percentage or amount you give to cooperative missions through the Cooperative Program

Step 4: Receive a welcome packet and begin regular contributions to the Cooperative Program

- The welcome packet includes a letter from the MBC's Executive Director. Once you receive the letter, your church is considered an MBC-affiliated church. A supply of pre-printed remittance forms featuring your church's unique Cooperative Program tracking number is included in your welcome packet; these forms are to accompany your future contributions to the Cooperative Program.
- A sample remittance form is attached for your information.

Step 6: Be inducted into the Missouri Baptist Convention

- Missouri Baptists will formally induct you into the MBC at their Annual Meeting, normally held in late October.

Step 7: Remain in good standing with the Missouri Baptist Convention

- Contribute to the Cooperative Program on at least an annual basis
- Do not contribute to any other national convention of churches or organization that acts as a national convention, and do not send representative(s) or Messenger(s) to such a convention (Any organization that independently sends and ordains ministers to the United States military services is considered a national convention)
- Do not contribute financially to the work of any other state convention or organization that acts as a state convention in Missouri.



RESOLUTION FOR AFFILIATION

Name of Church _____
Church EIN (Employer Identification Number) _____
Address _____
Pastor's Name _____

Attached is a copy of the Constitution and Bylaws of the Missouri Baptist Convention. These are the documents that define our beliefs, relationships, and practices. **Pay particular attention in the Constitution to "Article II-Composition" as it speaks to the matters of "Single Alignment".**

1. Do you agree to enter into and abide by this covenant relationship with the Missouri Baptist Convention? *Understand that this includes the issue of "Single Alignment" with other denominational-type networks in Missouri.* Yes No
2. Will you agree to participate in our Acts 1:8 vision of cooperative missions by giving regularly to and promoting the Cooperative Program through the Missouri Baptist Convention?
 Yes No
3. How, why, and when did your church come into existence?

*If you have answered "no" to any of these questions, please explain on the reverse.

Signature _____ Date _____

Position at church: _____ Pastor _____ Moderator _____ Clerk

RESOLUTION FOR AFFILIATION / DOCUMENTATION

In a business meeting on _____, 20_____

(Church or Mission Name)

voted to affiliate with the Missouri Baptist Convention in its program of single alignment with the Southern Baptist Convention.

Check one: Church Mission

Church Targeted Demographic (indicate only one as the majority):

- White Non-Hispanic
- Black (African-American)
- Hispanic
- Native American
- Korean
- Chinese
- Other Asian
- Haitian
- Other _____

If you are a mission, who is your sponsoring church or organization?:

Number of members on date of the vote to affiliate: _____

Date of first service: _____, 20_____.

If a member of a Baptist association, what association will you be affiliated with?:

Mailing address for the applying church/mission: _____
 (person receiving mail)

(PO Box or Street) _____ (City) _____ (Zip) _____

Present Meeting Address: _____
 (Street) _____ (City) _____ (Zip) _____

Church Phone: (____) _____

Email: _____ Web address: _____

PASTOR INFORMATION:

Name: _____ Email: _____

Address: _____
(PO Box or Street) (City) (Zip)

Home: (____) _____ Work: (____) _____ Cell : (____) _____

CHURCH SECRETARY INFORMATION:

Name: _____ Email: _____

Address: _____
(PO Box or Street) (City) (Zip)

Home: (____) _____ Work: (____) _____ Cell : (____) _____

CHURCH TREASURER INFORMATION: (person who signs the checks)

Name: _____ Email: _____

Address: _____
(PO Box or Street) (City) (Zip)

Home: (____) _____ Work: (____) _____ Cell : (____) _____

CHURCH CLERK INFORMATION: (person who keeps records of the membership)

Name: _____ Email: _____

Address: _____
(PO Box or Street) (City) (Zip)

Home: (____) _____ Work: (____) _____ Cell : (____) _____

I hereby state that the above information is accurate.

Signed:

CHURCH CLERK (or other leadership representative)

MODERATOR OR PASTOR

Email the completed form to newaffiliations@mobaptist.org or mail to:

New Church Affiliation
c/o The Missouri Baptist Convention
400 E. High Street
Jefferson City, MO 65101



Missouri Baptist Convention, 400 E. High St., PO Box 1115, Jefferson City, MO 65102-1115

_____ Church
 _____ Association

Date _____

Address _____

MBC Remittance Forms (Please include with your check)

***** Cooperative Program Giving *****	
Cooperative Program Mission support for MBC & SBC Ministries	\$
***** Designated Giving ***** (These gifts are not considered Cooperative Program)	
MMO/Rheubin L. South Offering	\$
Annie Armstrong Easter Offering (NAMB)	\$
Lottie Moon Christmas Offering (IMB)	\$
Baptist Hunger Relief (World Hunger)	\$
Birthday Offering--Children's Home	\$
Anniversary Offering--Children's Home	\$
Madge N. Truex--WMU	\$
Disaster Relief--General Fund	\$
	\$
	\$
	\$
	\$
Total Amount Enclosed	\$

Check Number _____ Amount \$ _____

Please make all checks payable to the **Missouri Baptist Convention**

Thank you for supporting Cooperative Program ministries

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