



CHURCH AFFIRMATION OF RESOLUTION FOR AFFILIATION

_____ (church/mission name, city) voted in a business meeting on _____, 20____, to affiliate with the Missouri Baptist Convention in its program of single alignment with the Southern Baptist Convention.

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

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. Do 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?

Click or tap here to enter text.

4. Has your church adopted a theological position that is compatible with The Baptist Faith and Message (most recent edition)? Yes No

*If you have answered "no" to any of these questions, please explain:

Click or tap here to enter text.

5. Is your church a Send Missouri-funded church plant? Yes No

I hereby state that the above information is accurate.

Signed:

CHURCH CLERK

MODERATOR OR PASTOR

Signature _____ Date _____

Position at church: Pastor Moderator Clerk

CHURCH INFORMATION

Date of first service: _____, 20____

Church's EIN: _____

Check one: Church Mission Campus

If a mission, list the sponsoring church or organization.

If a campus, list the parent congregation.

If a member of a Baptist association, what association are you affiliated with?

Mailing address for the applying congregation (or person receiving mail):

Name: _____

Address (PO Box or Street): _____

City: _____ State: ____ Zip _____

Physical address (present meeting address):

Name: _____

Street Address: _____

City: _____ State: ____ Zip _____

County: _____ Church Phone: (____) _____

Email: _____

Web address: _____

Largest Ethnicity (indicate only one, other ethnicities can be added to your record later):

Black (African American)

Chinese

Haitian

Hispanic

Korean

Native American

European

White (non-Hispanic)

Other: _____

CHURCH LEADER INFORMATION

PASTOR

Name _____ Email: _____

Home Address (PO Box or Street) _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Bivocational Full-time Part-Time Interim Volunteer **Start Date:** _____

CHURCH SECRETARY

Name _____ Email: _____

Home Address (PO Box or Street) _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Bivocational Full-time Part-Time Interim Volunteer **Start Date:** _____

CHURCH TREASURER (person who signs the checks)

Name _____ Email: _____

Home Address (PO Box or Street) _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Bivocational Full-time Part-Time Interim Volunteer **Start Date:** _____

CHURCH CLERK (person who keeps records of membership)

Name _____ Email: _____

Home Address (PO Box or Street) _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Bivocational Full-time Part-Time Interim Volunteer **Start Date:** _____

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

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

This section is to be completed by MBC staff:

Cooperative Program funds received: _____ (date)

Amount received: _____

Check number: _____