

RESOLUTION FOR AFFILIATION

Name of Church _____

Address _____

Pastor's Name _____

Church's EIN _____

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?

4. The Church has 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:

Signature _____ Date _____

Position at church: ☐ Pastor ☐ Moderator ☐ Clerk

*Thank you for supporting the Cooperative Program
If neither Plan A nor Plan B are selected, the CP contributions will be considered to be Plan A contributions.*

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):

Name: _____

Address (PO Box or Street): _____

City _____ State: _____ ZIP: _____

Present Meeting Address:

Name: _____

Address (PO Box or Street): _____

City _____ State: _____ ZIP: _____

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Church Phone: (____) _____

Email: _____

Web address: _____

PASTOR INFORMATION:

Name: _____

Email: _____

Address (PO Box or Street): _____

City: _____ State: _____ ZIP: _____

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

CHURCH SECRETARY INFORMATION:

Name: _____ Email: _____

Address (PO Box or Street): _____

City: _____ State: _____ ZIP: _____

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

CHURCH TREASURER INFORMATION: (person who signs the checks)

Name: _____ Email: _____

Address (PO Box or Street): _____

City: _____ State: _____ ZIP: _____

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

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

Name: _____ Email: _____

Address (PO Box or Street): _____

City: _____ State: _____ ZIP: _____

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

I hereby state that the above information is accurate.

Signed:

CHURCH CLERK

MODERATOR OR PASTOR

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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

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