APPLICATION FOR CHURCH AFFILIATION AND GROUP EXEMPTION COVERAGE

Associated Brotherhood of Christians
P.O. Box 166 • Greenbrier, TN 37073
General Secretary: Joseph Hale
(615) 495-3569 • jhale245@comcast.net

Please complete all applicable sections of this application. This form is for churches requesting affiliation with the Associated Brotherhood of Christians and inclusion under the ABofC nonprofit group exemption. Incomplete applications may delay review and processing.

SECTION 1: CHURCH INFORMATION

Church Name: _____

Church Physical Address: _____

Church Mailing Address: _____

Church Phone Number: _____

Church Email Address: _____

Church Website (if applicable): _____

SECTION 2: PASTOR AND PRINCIPAL OFFICER INFORMATION

Pastor's Name: _____

Pastor's Address: _____

Pastor's Phone Number: _____

Pastor's Email Address: _____

The Pastor's Social Security Number: _____

Note: Because the Pastor is considered the Principal Officer of the Church, the I.R.S. requires the Pastor's S.S.N. for filing purposes only. It will not be used for anything else.

SECTION 3: ORGANIZATIONAL AND TAX INFORMATION

The date (month-day-year) the Church was started or acquired: _____

The closing month of the Church's accounting year: _____

If the Church has ever applied for and previously received an Employer Identification Number, please list that number: _____

If yes: EIN Number: _____

The approximate date when this occurred: _____

The City & State where the application was filed: _____

SECTION 4: REQUIRED DOCUMENTS TO SUBMIT

The following items must be submitted with this application for review and processing you can mail these documents along with the completed application to ABofC @ P.O. Box 166 Greenbrier, TN 37073

1. A copy of your Church Minutes in which the Church voted to become affiliated with the Associated Brotherhood of Christians.
2. A copy of your Church Deed. *{Not the original - ONLY a copy}*
3. A complete list of the Church Board, including the Chairman of the Board, Church Secretary, and each member's name, address, and phone number.
4. The $300.00 Annual Membership Fee, due annually by December 31st.

SECTION 5: AFFILIATION ACKNOWLEDGEMENT AND COMPLIANCE REQUIREMENTS

Federal Law requires the Association's Secretary to maintain an accurate roster of Affiliated Churches; therefore, your Church will be registered under the name on this application.

Each Affiliated Church will be issued their own Employer Identification Number, filed with the Association's Group Exemption Number.

Submission of this application does not guarantee approval of affiliation. Affiliation with the Associated Brotherhood of Christians and inclusion under the ABofC nonprofit group exemption are subject to review, approval, and continued compliance with applicable Association requirements and governing regulations.

In order to comply with our Association By-Laws and Federal Regulations, please report the following future changes:

- Change of Church Affiliation
- Change of Church name or address
- Change of Pastor

SECTION 6: CERTIFICATION, AUTHORIZATION, AND SIGNATURE

Pastor's Printed Name: _____ **Date:** _____

Pastor's Signature: _____

Title: _____

OFFICE USE ONLY

Date Received: _____ Reviewed By: _____

Approval Status: _____ Effective Date of Affiliation: _____

Group Exemption / EIN Recorded: _____