

INDEPENDENT ASSEMBLIES
NOT-FOR-PROFIT RELIGIOUS CORPORATION
MEMBERSHIP APPLICATION
 Revised FEB. 2007

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

Date _____ EIN Number _____

Our Not-for-Profit Religious Corporation is best described as a/an:

- Evangelistic Association Missionary Association
 Musical Ministry Association Other _____

Dear Independent Assemblies:

Please be advised that on the _____ day of _____ In the year _____,
 the official governing body of _____
 located at _____ mailing address _____

_____ (city) _____ (state) _____ (zip code)
 Email Address: _____ Web Page: _____

has voted to affiliate with and request membership in the Independent Assemblies. Having read the Bylaws and the Articles of Incorporation, we hereby agree to abide by them and give authorization to the Independent Assemblies president to enter our church in accordance with the by-laws and policies of the Independent Assemblies.

We the undersigned do fully understand that Independent Assemblies is recognized with the IRS as a religious organization and has been granted federal tax exemption. Its member churches and other ministries are covered under Group Ruling # 1963. We also understand that we may use this Group Ruling #1963 whenever necessary for identifying our ministry under the covering of the 501 (c) (3) of Independent Assemblies. If we are ever required to file with the IRS on matters of payroll deductions or other tax matters, we must use our own Employer Identification Number (EIN). We realize that if the (EIN) of the Independent Assemblies Corporation were used it would be a serious procedural error and may result in payroll tax penalties, fines, and possibly litigation costs for our ministry and for the Independent Assemblies

President or Ranking Officer: Full name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Office phone (____) _____

Signature _____

Other governing members:	<u>Full Names & Title or position</u>	<u>Phone Numbers</u>
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Annual Affiliation Fee \$100.00 (Must be included with application)

**Complete and return to: Independent Assemblies
 P.O. Box 1546, Ada, OK 74821**