Independent Assemblies
CHURCH MEMBERSHIP APPLICATION
Revised March 2024

Date_____   EIN Number _____

Dear Independent Assemblies:

Please be advised that on the_____day of_____ _____

the official governing body of the_____
(church name)

located at_____   _____
(street address)   (m ailing address)

_____   _____   _____
(city)   (state)   (zip code)

has voted to become a member church in the Independent Assemblies. Having read the Independent Assemblies By-Laws and Policies, 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 further agree to support Independent Assemblies Missions program with a monthly offering.

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 church or 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 church or ministry and for the Independent Assemblies.

We understand that we are an autonomous organization. Independent Assemblies is an umbrella organization of affiliated churches and not-for-profit ministries for the sole purpose of obtaining 501 (c)3 recognition from the IRS under group ruling #1963. Independent Assemblies in no way endorses or is responsible for our activities.

Pastor's name _____

Pastor's address_____ City_____ State_____ Zip_____

Church phone (_____) _____ Fax (_____)_____ Pastor's Phone (_____) _____

Email address: _____ Web Page: _____

Associate Pastor: _____ Phone (_____)_____

OTHER OFFICERS - Please describe by title or position

_____ Phone (_____) _____

_____ Phone (_____) _____

_____ Phone (_____) _____

Required documents to accompany this application: (1) A copy of your EIN number (2) Certificate of Incorporation from your State (3) A copy of your Constitution and Bylaws of your church.

Church affiliation annual fee $ 125.00   (Must be included with application)

Complete and return to: *INDEPENDENT ASSEMBLIES*
P.O. Box 1546 — Ada OK 74821 — (580) 279-0278