

**Southern California District Council
Assemblies of God
17951 Cowan Irvine, CA. 92614
949-252-8400**

PROCEDURE/GUIDELINES

For

*Bringing and Existing Church into District Affiliation
With the Southern California District Council of the Assemblies of God*

It the Pastor and/or Church body of a non-affiliated church have agreed to seek Assemblies of God affiliation with the Southern California District Council, the following are the Procedure/Guidelines to follow:

1. **Hold a Church Business Meeting** for the expressed purpose of deciding whether or not to request affiliation with the Assemblies of God. The meeting must be attended by whatever constitutes a quorum under the current Bylaws of the church and minutes must be kept.
2. If the church votes to become affiliated with the Southern California District of the Assemblies of God, ***contact the Sectional Presbyter*** in which the church is located (name and address is listed on the cover letter) for assistance in completing the application to bring an existing church into affiliation.
3. **Application must be completed and forwarded to the Sectional Presbyter** (name and address listed on the cover letter), to be reviewed by the Sectional Leadership Team. If approved, they will endorse the application and forward their recommendation to the District Leadership Team for approval.
4. **The District Leadership Team will meet to discuss your Application and review the recommendation of the Presbyter and Sectional Leadership Team.** Their decision will then be communicated to you.

If approved, your church will enter the District as a "District Affiliated Church" subject to the District Affiliated Church Operations Manual.

Instructions: Please answer all questions completely. If sufficient room is not found on the space provided, please use a separate sheet of paper.

Pastor's Personal Information

A. Applicant

Full Name: _____

Address: _____

City, State, & Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address (please print): _____

Birth Date: _____ Age: _____ Birthplace: _____

Marital Status: _____

B. Applicant's Spouse & Children Information (*as applicable*)

Full Name of Spouse: _____

Spouse's Birth date: _____ Date Married: _____

Children's Names/Ages:

C. Ministerial Credentials

Do you hold A/G Credentials? ____ Yes ____ No If "yes," please indicate the level of credentials you hold

Ordained ____ Licensed ____ Certified Minister ____

With which District are you currently a member? _____

Have you ever held credentials with any other church organization? Yes ____ No ____

If yes, please list the church organization and type of credential held. _____

church information (A separate answer page may be included if necessary.)

A. Have you ever affiliated with another denomination? If so, which one?:

B. Official date of withdrawal from that group? _____

D. Reason for withdrawing from that organization?

E. By whose initiative was the affiliation process begun? *Check all that apply:*

Pastor Church Board Membership Congregation (adherents)

F. Has there been a church business meeting with a quorum in attendance to consider affiliation with SOCAL AG?

Yes No

G. Was it the consensus of the membership to seek District Council affiliation?

Yes No

H. If "yes," please attach a list of the membership indicating who was present , along with a copy of the minutes of the meeting.

I. How many members in the church? _____ How many adherents? _____

J. What is your main meeting time of day and day of the week? _____

K. Other meeting times:

L. Is this church affiliated with the State of California? Yes No. If yes, what is your corporate number?

CA _____ What is your Federal I. D. number? _____ - _____

M. Describe your meeting place:

N. Does your church Rent Own Monthly payment \$ _____

SOCAL AG Application to Affiliate an Existing Church

O. Have you made lease or purchase agreements? Yes No . If so, please describe:

(Please include a copy of your lease agreement or mortgage)

P. Are you currently able to meet these obligations? Yes No. If no, please explain:

Responsibilities: Please answer the following questions in the presence of the designated SoCal AG Representative

I have read the Operations Manual for District Affiliated Churches (Includes Procedures, Bylaws and Risk Management)

I will agree to administrate this church in accordance with the Bylaws and the Manual

This church will / will not request financial assistance from the District Council. Please itemize the financial assistance that will be requested:

I will provide documentation requested to incorporate this church.

I am ready to recommend the appointment of board members and officers for this church. *(Please copy and complete the appropriate forms in the Manual or downloaded from the District web site for the appointment of board members and officers. Submit those completed forms with the application.)*

I realize that this church must participate in the District Affiliated church liability insurance program.

If given approval for District Affiliated status, we will cooperate with all SoCal AG representatives including the Presbyter and District Leadership Team.

Pastor's Signature _____ Date _____

APPROVALS

Section _____ Date _____

Area Director _____ Date _____

District Leadership Team _____ Date _____

Comments:

For District Use Only

Application Rec 'd date _____
Leadership Team approval _____
Official Notice: Pastor _____
Presbyter _____
Ex Presbyter _____
Incorporation Rec 'd _____
Filed _____

Sent to G.C _____
G.C. Acct. # _____
Insurance
Info Letter _____
Premium \$ _____
1st Premium rec 'd _____
Given to Church Records Office _____

CHURCH INFORMATION

1. Name of Church _____

2. Location Address of Church _____
 (Street)

 (City, State, Zip Code)

3. Mailing Address of Church _____
 (Street or P.O. Box #)

 (City, State, Zip Code)

4. Email Address of Church _____

5. Section _____ 6. County _____ 7. Phone _____ - _____ - _____

8. Environs: check ONE box indicating the community in which the church is located.

- | | |
|---|---|
| <input type="checkbox"/> CN – open country side | If population is 50,000+ is it: |
| <input type="checkbox"/> VG – village (less than 1,000) | <input type="checkbox"/> DT – downtown (in the central business district) |
| <input type="checkbox"/> TW – town (1,000-4,999) | <input type="checkbox"/> NB – neighborhood (within city limits but not downtown) |
| <input type="checkbox"/> SC – small city (5,000-9,999) | <input type="checkbox"/> SU – suburban (in the same county as a central city of 50,000+ but not in the city limits) |
| <input type="checkbox"/> MC – medium city (10,000-49,000) | |

9. Ethnicity: the majority (51% or more) of the congregation is (Anglo, Hispanic, Chinese, etc.):

10. Pastor _____ 11. A/G Account # _____

12. Pastor's type of credential: Ordained Licensed Certified Non-Council

13. Address of Pastor _____

14. Email Address of Pastor _____

15. Name of Church Board Secretary or Corporate Secretary _____

16. Total Church Membership _____ 17. Adherents _____ 18. Sunday a.m. or major Worship Service Attendance _____

19. This church was opened by our district on _____

20. This church was reopened by our district on _____

21. By whose initiative was this church started? _____

22. If this is an existing church, what was its status prior to this action: Independent Other (please specify denomination): _____

23. If parented by a church, give name and address of Parent Church. A Parent Church is one that initiates, oversees, and takes financial responsibility for the new church plant.

24. If partnered by churches, list names and addresses of Partnering Churches on a separate sheet. A Partner Church partners with other churches to start a new church plant.

25. Satellite Church Sponsoring Church Name: _____

26. Sponsoring Church Address: _____

27. Account # _____

28. Comments: