

Church Affiliation Form



"A Worldwide Full Gospel Fellowship"

UPHOLDING TRUTH & ACCOUNTABILITY

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AEGA Church Affiliation Agreement

(Networking together to reach the world for Jesus!)

PLEASE FILL OUT FORM COMPLETELY

We/I hereby request affiliation of our church with
AEGA Ministries International, Inc.
with all rights and honors thereof;

Name of Church: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address if different from above: _____

Church Phone: (____) _____ Email: _____ Website: _____

ADDITIONAL INFORMATION:

(1) Pastor information: *(To receive official church affiliation status, pastor must hold credentials with AEGA)*

Pastor's Name: _____ How long? _____

Address of Pastor: _____ City _____ State _____ Zip _____

Phone: _____ Email _____ Cell _____

Church Information:

(2) How old is the church _____ Approximate membership _____ Own or rent property _____

(3) Please enclose the following:

- a) Copy of Church Doctrinal Statement
- b) Copy of a church bulletin or newsletter
- c) Photo of outside & inside of church

(4) Do you have departments for: ___ Youth ___ Children ___ Seniors ___ Couples ___ Sunday School
___ Elder or Deacon Board ___ Other (Please explain) _____

(5) Does the church carry general liability insurance?

___ No, *(if no, we are unable to affiliate the church with AEGA)*

___ Yes, (if yes what insurance company) _____

(6) Has the church ever affiliated with another fellowship or denomination?

___ No ___ Yes, with whom _____

(7) Please check (4) which of the following has been done to legally organize the church:

___ Church Governing Bylaws ___ Articles of Organization ___ State Incorporation

___ Filed Form 1023 with IRS and received 501 (c) (3) status from IRS

___ Chose not to file the 1023 Form with IRS

ENCLOSE COPIES OF ANY OF THE ABOVE THAT YOU HAVE COMPLETED
(Note: a church is automatically considered a 501(c)(3) by the IRS, however, if you wish to receive an official determination, please let us know)

We the undersigned agree and understand the following on behalf of said church:

We, the church Board of Directors (Trustees), do hereby request “Affiliation Membership Status” with the AEGA Ministries International, Inc. (AEGA), a legally organized 501(c)(3) Convention of Churches with all rights and honors thereof. The “Affiliate Church” shall remain at all times a sovereign “Church” and be governed by its own board and/or congregation to which the bylaws of said church is governed. The church shall comply with all City, State, and Federal Regulations. Compliance with said ordinances, laws and controls shall, be at all times, be the responsibility of said church. AEGA does not maintain any control over the church or its members. However, AEGA leadership is available to the pastor and church board for advice in matters concerning the church upon request.

The church is affiliated with AEGA solely for the purpose of fellowship, networking, and general oversight in the purpose of reaching the lost for Jesus Christ. We understand this affiliation does not grant any type of official legal status with the Internal Revenue or with the state. The “Affiliate Church” agrees to indemnify and hold harmless AEGA, its officers, representatives, employees, staff, and assigns from all damage, suits, liabilities, or actions, intentional or otherwise, that may arise as direct or indirect result of the “Affiliate Church” meetings or accidents, of whatever kind, or nature, regardless of the proximity to or relationship with the “Affiliate Church”. The church agrees to maintain a current insurance policy showing (1) general liability coverage and (2) clergy professional coverage.

Any violation of this agreement by the “Affiliate Church” shall result in the dissolution of the “Affiliate Church Membership” granted by the AEGA.

The church is in agreement with the AEGA 18 Fundamental Truths. The “Affiliate Church” agrees to pray for and financially support the AEGA Fellowship. Please complete page 4 concerning the monthly or yearly offering of the church. Upon acceptance, the church shall receive a beautiful affiliation certificate from AEGA. The affiliation is renewed every two years upon mutual agreement of the church and AEGA.

We, the undersigned officers of the church agree to the aforementioned, and hereby request affiliation with AEGA Fellowship signed this _____ day of _____, 20____.

CHURCH BOARD OF DIRECTORS (Trustees)

NOTE: Must have five on your board. Only two can be related by blood or marriage.

AT LEAST "3" SIGNATURES ARE REQUIRED

Pastor - Print

Address: _____
City _____ St. _____ Zip _____

X _____

Pastor - Signature

Phone: (_____) _____
Email: _____

Officer (Secretary) - Print

Address: _____
City _____ St. _____ Zip _____

X _____

Officer - Signature

Phone: (_____) _____
Email: _____

Officer (Treasurer) - Print

Address: _____
City _____ St. _____ Zip _____

X _____

Officer - Signature

Phone: (_____) _____
Email: _____

Officer - Print

Address: _____
City _____ St. _____ Zip _____

X _____

Officer - Signature

Phone: (_____) _____
Email: _____

Officer - Print

Address: _____
City _____ St. _____ Zip _____

X _____

Officer - Signature

Phone: (_____) _____
Email: _____

CHURCH AFFILIATION APPLICATION FEE: \$100.00

WE PREPARE YOUR STATE INCORPORATION—\$250.00

WE PREPARE YOU CHURCH BYLAWS—\$50.00

MONTHLY OR YEARLY SUPPORT: AEGA requires each "affiliate church" to give at least **\$25.00 per month** to the AEGA General Fund to help carry out the worldwide operations of the fellowship. You can send your support once a year or on a monthly basis. We prefer monthly support because it helps with the budgeting operations.

Yes, we agree to financially support AEGA with a monthly offering of ___\$25 or other \$_____
We prefer to give our support on a ___monthly ___yearly NOTE: Online giving is available on our website
_____(Optional) We agree to support the AEGA World Mission Fund \$_____ monthly, quarterly, yearly (circle one)

AMOUNT ENCLOSED: \$ _____ Check Money Order Credit Card

CREDIT CARD PAYMENTS: Card Type _____ Expiration Date: _____
Number: _____ CVS Code _____

Authorized Signature: X _____ Print Name: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Email: _____