



APPLICATION FOR AFFILIATION/CONGREGATIONAL PROFILE FORM

Church Name:		EIN (Employer Identification #):	
Meeting Address:		County:	
Mailing Address:		County:	
Phone:	FAX:	E-Mail: Website:	
Pastor:		Phone:	
Home address:		FAX:	
		E-Mail:	
STATUS (Please check only one)		REFERENCE DATA	
<input type="checkbox"/> Affiliated Member <input type="checkbox"/> New Church Start <input type="checkbox"/> Mission Sponsoring Church:		Foundation Date:	
		Organization Date:	
		Current Resident Membership:	
		Affiliation: <input type="checkbox"/> SBC <input type="checkbox"/> ABC/USA <input type="checkbox"/> PNBC <input type="checkbox"/> Other:	
MAJORITY RACE/ETHNICITY	LEADERSHIP STYLE	COMMUNITY DESCRIPTION	
Please check only one <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Euro American <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Blended <input type="checkbox"/> Other:	Please check only one <input type="checkbox"/> Full-time Pastor <input type="checkbox"/> Part-time Pastor ___ Bi-Vocational ___ Student ___ Retired ___ Other	Please check only one <input type="checkbox"/> 25,000+ Downtown <input type="checkbox"/> 25,000+ Changing Neighborhood <input type="checkbox"/> 25,000+ Stable Neighborhood <input type="checkbox"/> Inner ring suburb <input type="checkbox"/> Outer ring suburb <input type="checkbox"/> City of 5,000 to 25,000 <input type="checkbox"/> Town of less than 5,000 <input type="checkbox"/> Open country	
For Office Use Only			
DCBC #	ABC#	SBC#	
Date Joined DCBC:		DCBC Covenant Church:	
		Date Agreement signed:	