

The General Council of the Assemblies of God
DISTRICT COUNCIL AFFILIATED CHURCH CHARTER

Fill in the form electronically (TAB from field to field) and print it. Or print a hardcopy to be completed. Sign and send to the General Secretary's Office.

District _____

1. Name of Church _____

2. Location Address of Church _____
(Street)

_____ (City, State, Zip Code)

3. Mailing Address of Church _____
(Street/PO Box)

_____ (City, State, Zip Code)

4. Phone # _____ 5. Email of Church _____

6. Federal EIN _____ 7. County _____ 8. Section _____
(required)

9. 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 |
| <input type="checkbox"/> MC – medium city (10,000-49,000) | 50,000+ but not in the city limits) |

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

11. Lead Pastor _____ 12. Lead Pastor's Account # _____

13. Lead Pastor's type of credential: Ordained Licensed Certified No AG credential

14. Lead Pastor's Address _____
(Street/PO Box, City, State, Zip Code)

15. Lead Pastor's Phone # _____ 16. Lead Pastor's Email _____

17. Name of Church Board Secretary or Corporate Secretary _____

18. Total Church Membership _____ 19. Adherents _____ 20. Sunday a.m. or major Worship Service Attendance _____

21. This church was opened by our district on _____

22. This church was reopened by our district on _____

23. By whose initiative was this church started? _____

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

25. Comments: _____

26. Signature of church's Lead Pastor _____ Date _____
(required)

Signature of District Superintendent or Secretary Date _____