



Application for Affiliation to the Council

FOTOGRAF

Personal Data

Full Name: _____
Date of Birth: _____
Address: _____
City: _____
State/Province: _____
Country: _____ Postal code: _____
Telephone: _____
Identification Number: _____ Type: _____
E-mail: _____

Education

Seminary/Bible College: _____
Director: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Postal code: _____
Telephone: _____
Graduated: _____ Degree Obtained: _____
Dates: Begin: _____ Graduation: _____

Personal References

Name: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Postal Code: _____
Telephone: _____
Time Known: _____
Relationship: _____
E-Mail: _____

Name: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Postal Code: _____
Telephone: _____
Time Known: _____
Relationship: _____
E-Mail: _____

Name: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Postal Code: _____
Telephone: _____
Time Known: _____
Relationship: _____
E-Mail: _____

Name: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Postal Code: _____
Telephone: _____
Time Known: _____
Relationship: _____
E-Mail: _____

Financial Information of the Church or Congregation

Name of the Bank: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Postal Code: _____
Telephone: _____
Fax: _____
Name of Account: _____
Bank Officer: _____
E-Mail of Officer: _____

Information of the Church or Congregation

Name of the Bank: _____
Address: _____
City: _____
State/Province: _____
Country: _____
Postal Code: _____
Telephone: _____
Fax: _____

Has the church been incorporated? Yes No
Is the church registered as a non-profit organization? Yes No

Corporation Identification Number: _____
Date Incorporated: _____
Actual Membership: _____
Hierarchy of the Church: _____

Days and Times of Services held: _____

Final Acceptance

Have you read the Constitution and Laws? Yes No
Do you accept to adopt the Constitution and laws? Yes No
Do you affirm that the information you have provided is true? Yes No

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE PURPOSES ONLY

Personal Information verified By: _____
Date: _____
Method of Verification: _____

Educational Information verified By: _____
Date: _____
Method of Verification: _____

Personal References Verified By: _____
Date: _____
Method of Verification: _____
Recommendation letters included: Yes No

Financial Information Verified By: _____
Date: _____
Method of Verification: _____

Church Information Verified By: _____
Date: _____
Method of Verification: _____

Final Approval

Approved

Date

Disapproved

José R. Hernández, Bishop

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