FORM 101 (revised 03/21)	Application for Affiliation					This sec	This section reserved for office Use only				
Complete and Return to: FCB Administrative Office P.O. Box 18218 Portland, OR 97218 Phone - (480) 415-1897 Filing Fee: \$50.00 (Submit check with application) Affiliation Fee:\$200.00	Fellowship of Christian Believers				Date Received: Date Completed Reviewed by: Approved by: □ Yes □ No General Secretary or Chief Executive Officer						
Section 1 – Church Corporate Information											
Name:											
Street Address				City				State Zip Code		o Code	
Is the Church Incorporated? No ☐ Yes				☐ Year:			If yes, please submit copy wit			application.	
President/Head of Corporation: First Name				Middle Name Last N			Name		Suffix		
Street Address				City				State	Zi	p Code	
Registered Agent of Corporation: First Name				Middle Name L			Name Suffix			Suffix	
Street Address				City				State	Zi	o Code	
Lawyer of Corporation: First Name				e Name		Last Name		l	L	Suffix	
Street Address						State	Zip Code				
Are there Church By-Laws? ☐ No ☐ `			es	Year:			•	omit a copy with application.			
Is the Church a 501c3?			Yes Year: If y			If yes,	s, please submit a copy with application.				
Section II -	- Churc	h Org	ganiza	ation	al and	Ma	anagem	nent Info	orma	ition	
Pastor of Church: First Name			Middle		Last Name				Suffix		
Street Address			City					State	Zi	p Code	
Is Pastor Ordained?	Pastor Ordained?		Yes Year: If ye			If yes,	, by whom.	by whom.			
Is Pastor presently affiliated	□ No	□ Y	es	If yes v	vith whon	า?					
board?		□ No			☐ Yes			If yes what is it called?		?	
		Middle Name			Last Name			Position			
Board Member 2: Title and First Name		Middle Name			Last Name			Position			
Board Member 3: Title and First Name			Middle Name			Last Name		Position			
Board Member 4: Title and Fi	Middle Name			Last Name			Position				
Board Member 5: Title and Fi	Middle Name			Last Name		Position					
Board Member 6: Title and First Name		Middle Name			Last Na	Last Name		Position			