

APPLICATION FOR AFFILIATION/CONGREGATIONAL PROFILE FORM

Church Name: (Req EIN (ired) Employer Identification #):		
Meeting Address:			Phone: FAX:			
Mailing Address:				Phone:		
				FAX		
Website:				E-Mail:		
Pactor				Home Phone:		
Pastor:						
Home address:				Cell Phone:		
				E-Mail:		
STATUS (Please check only one)			REFEREN	REFERENCE DATA		
Active Member		Foundation Date:				
Probationary Member C			Organization Date:			
			Current Resident Membership:			
				Affiliation: ABC BWA CBF PNBC SBC Other:		
MAJORITY RACE/ETHNICITY		LEADERSHIP STYLE		COMMUNITY DESCRIPTION		
Please check only one African American Euro American African Haitian Hispanic Native American Other:		Please check only one Full-time Pastor Part-time Pastor Bi-Vocational Student Retired Other		Please check only one 25,000+ Downtown 25,000+ Changing Neighborhood 25,000+ Stable Neighborhood Inner ring suburb Outer ring suburb City of 5,000 to 25,000 Town of less than 5,000 Open country		
For Office Use Only						
DCBC #	ABC#		SBC#			
Date Joined DCBC:			DCBC	DCBC Covenant Church:		
			Date A	Date Agreement signed:		

Please return completed form to DC Baptist Convention 1628 16th Street NW, Washington DC 20009 or Email: info@dcbaptist.org