



OFFICE USE ONLY	
DATE APP REC'D ____/____/____	DATE MAILED ____/____/____
DUES WITH APP \$	COMPUTER DATA ____/____/____

APPLICATION FOR CHURCH AFFILIATION

PLEASE NOTE: This application is for Church affiliation only. DO NOT USE for Outreach Ministry. To qualify as a church you must have a group of people that meet on a regular basis with a set statement of faith and doctrine. Each affiliate Church remains autonomous but remains submitted spiritually, corporately, and financially to Apostle Dr. Brian Alton, the ICALM corporate board, and the council of regional Apostles. Church affiliation renewal is (annually) in February of each year. A renewal application is mailed the latter part of December of the previous year. Please respond to all the questions on this application and use N/A for those not applicable to you. Mail this application to the ICALM general office along with the appropriate affiliate dues. *Mailing Address: 18498 W Golden Ln., Waddell, Arizona 85355. Attn: Apostle Dr. Brian Alton*
— PLEASE PRINT LEGIBLY —

- Date of application _____/_____/_____
- Name of Church _____
- Mailing Address _____ City _____ ST _____ Zip _____
- Physical Address _____ City _____ ST _____ Zip _____
- Sr. Pastor's Name _____ Cell Phone: (____) _____ Off: (____) _____
- Email: _____@_____ Website: _____
- Secretary's Name _____ Phone (____) _____
- Does the Sr. Pastor(s) have personal membership with ICALM? _____ Yes No
- Has personal membership been applied for with ICALM? _____ Yes No
- If the Pastor does not have ICALM membership, is he/she credentialed with another group? _____ Yes No
- Is the Church incorporated? _____ Yes No
If Yes, what year: _____ State: _____
- Does the Church have By-Laws? _____ Yes No
- Does the Church have a Statement of Faith? _____ Yes No
- Approximate size of congregation: 1-50 51-100 101-200 201-300 301-400 500+
- Do you keep Minutes of business or Board meetings? _____ Yes No
If No, will you agree to do so? _____ Yes No
- Do you have an EIN? _____ Yes No
If Yes, give number _____ - _____
- If you do not have an EIN, have you applied for one? _____ Yes No
If Yes, when? _____

18. Is the Sr. Pastor or any staff member paid? _____ Yes No
 If Yes, are taxes withheld? _____ Yes No
19. Has the IRS determined your Church a tax exempt 501(c)3 nonprofit charity or organization? _____ Yes No
 If Yes, list date of determination _____ / _____ / _____
Please note: If your Church or Ministry has been determined to be 501(c)3 'tax exempt' you are required to submit a copy of your official 'Determination Letter' from the IRS along with this Affiliation application.
20. Does the Church file a 990 or any other type of tax forms? _____ Yes No
 If Yes, what type(s)? _____
21. Has your Church ever been denied Tax Exemption status by the Internal Revenue Service? _____ Yes No
Please note: If you checked yes, give summary statement on separate sheet of paper.
22. Are you applying for complete church affiliation coming under ICALM's Tax Exemption number? _ Yes No
23. Have you read and do you agree with the ICALM Statement of Faith? _____ Yes No
24. Do you agree with ICALM Statement of Faith? _____ Yes No
25. Does your Church operate a Day Care, Nursery, School, or Bible College? _____ Yes No
 If Yes, give brief description: _____

26. Does your Church have a Child Abuse Prevention Policy? _____ Yes No
If Yes, please submit a copy.
27. If your Church does not have a Child Abuse Prevention Policy are you willing to adopt one? _____ Yes No
28. Does your Church have a current Liability Insurance policy? _____ Yes No
 If yes, Please list the amount of Church liability insurance \$ _____
 Company Name _____
- Please note: If you checked yes, you are required to submit a copy of your insurance policy when your application has been approved. If you checked no, you will be required to obtain Liability Insurance prior to becoming an affiliate of ICALM.***
29. Does your church have any Civil or Criminal lawsuits pending? _____ Yes No
Please note: If you checked yes above, submit a brief summary statement on separate sheet of paper. _____ Yes No
30. Do you ordain Ministers through your Church ministry? _____ Yes No
 If yes, do your ministry candidates have to qualify? _____

31. Check each of the beliefs and practices your Church agrees with and regularly participates in:

- 1. It is through the shed blood of Jesus Christ that we have remission of sins, are saved, and born again.
- 2. Water baptism (by total immersion).
- 3. Baptism of the Holy Spirit (with the evidence of speaking in other tongues).
- 4. The Gifts of the Spirit (fully operational today as was in the first church in the book of Acts).
- 5. Holy Communion (symbolic of the body and blood of Christ – not transubstantiation / literal).
- 6. Holy Matrimony (as defined as one man for one woman).
- 7. The Five-fold ministry (apostle, prophet, evangelist, pastor, teacher for the equipping of all believers).
- 8. Holy Ordination
- 9. Divine healing, miracles, signs, and wonders (both spiritual and physical).

29. Give the date your Church was founded _____ / _____ / _____

30. Is the Church involved in any type of missions? _____ Yes No

If Yes, state type: Foreign Domestic

If involved in any type of missions work please give a brief description: _____

Please read and sign below:

A motion was made and carried that _____ is filing for church affiliation with International Covering Alliance and Licensing for Ministries (a.k.a. ICALM) to come under the spiritual covering being offered. This church, if approved for church affiliation, agrees to abide by the set policies and procedures for church membership as stated by the ICALM constitution and bylaws as long as it does not impede or impair our current mode of worship. Accurate financial records will be kept by a qualified accountant, corporate treasurer, or professional CPA and this church agrees to accept guidance from Presiding Bishop, Apostle Dr Brian Alton, and the ICALM corporate board of directors as is required to maintain church affiliation status. This church also agrees to pay the appropriate affiliation dues and 10% of any and all total tithes that are received by said church on a weekly, monthly, or quarterly basis. This church maintains its individuality and sovereignty under one Sovereign, the Lord Jesus Christ.

Accepted and signed:

By: _____ Position: _____

OFFICER	NAME	ADDRESS (City & State)	<i>*Please Print Legibly*</i>
Pastor / Director	_____	_____	
Vice President	_____	_____	
Secretary	_____	_____	
Treasurer	_____	_____	
Other	_____	_____	

OFFICE USE ONLY:

Church referred by _____

Is the Pastor known by any ICALM members? Yes

Name(s): _____

Action taken on this application: _____

Date approved ____ / ____ / ____ Declined ____ / ____ / ____

Comments: _____

