

# San Francisco Peninsula Baptist Association



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San Francisco, CA 94124  
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[Info@InAssociation.com](mailto:Info@InAssociation.com)

## APPLICATION FOR AFFILIATION

### *Instructions:*

1. Complete and submit this application to the Associational office by the deadline given to you when you received the application. *PLEASE PRINT OR TYPE!*
2. Along with the application, submit a copy of the church's bylaws (constitution) and a brief history (1-2 pages) of the church. Also, if your church is incorporated, please submit a copy of your articles of incorporation. (We can help you know how to obtain this, if you do not have this document.) Also, return any forms requesting further information.
3. The pastor and key leaders of the church should be available to meet with the Association's Administrative Council.
4. Representatives of the church must be at any Executive Board meeting or general meeting of the Association in which the church's request for affiliation will be discussed and voted on.

### *Information:*

1. The church leadership should review the Bylaws of the Association.
2. The church should review the *Affiliation Information* piece.
3. Any question or need for clarification should be addressed to the Association's Executive Director of Missions or other designated representative of the Administrative Council.

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### *Application:*

**In compliance with the Bylaws of the SAN FRANCISCO PENINSULA BAPTIST ASSOCIATION, we the \_\_\_\_\_ (church name), meeting at \_\_\_\_\_, CA, hereby make this request for affiliation with the SAN FRANCISCO PENINSULA BAPTIST ASSOCIATION (SFPBA).**

In making this request for affiliation, the church affirms that it will comply with the requirements of member churches, specifically:

- Acceptance of the Bible as the final authority for faith and practice in the church.
- Agreement with, and actions consistent with, the SFPBA Statement of Faith
- A cooperative spirit with the work of the Association.
- Attendance at meetings and activities of SFPBA.
- Financial support of the work of the association. The church agrees to contribute at least three percent (3%) of budget (undesignated) receipts to the Association.

**Our church voted to approve and submit this application on \_\_\_\_\_ (Date)**

**Signed:** \_\_\_\_\_ **Pastor** (If church has no pastor indicate with **n/a** in the preceding blank)

\_\_\_\_\_ **Clerk** (Or other person authorized by the church as an official signatory)

## INFORMATION ABOUT THE CHURCH

Church's legal name \_\_\_\_\_

Does the church operate under another name (DBA)? If so, what is that name?  
\_\_\_\_\_

Mailing Address of church: Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_, CA Zip: \_\_\_\_\_

Meeting Address of church: Name \_\_\_\_\_

(If different than mailing  
Address)

Street \_\_\_\_\_

City \_\_\_\_\_, CA Zip: \_\_\_\_\_

Church phone: (\_\_\_\_) \_\_\_\_\_ Church fax: (\_\_\_\_) \_\_\_\_\_

Church email address: \_\_\_\_\_

Church website, if any: \_\_\_\_\_

Date when the church was formally constituted: \_\_\_\_\_

Is the church incorporated in the State of California? \_\_\_\_ Yes \_\_\_\_ No

*If "no," would your church like assistance in learning about incorporation? \_\_\_\_ Yes \_\_\_\_ No*

## INFORMATION ABOUT THE PASTOR

Pastor's Name: \_\_\_\_\_ Anniversary date with church: \_\_\_\_\_

Pastor's Spouse: \_\_\_\_\_ Wedding anniversary: \_\_\_\_\_

Pastor's Birthday: \_\_\_\_\_ Spouse's Birthday: \_\_\_\_\_

Pastor's email address: \_\_\_\_\_

Names and ages of children living at home: \_\_\_\_\_  
\_\_\_\_\_

*Optional—the following information is helpful, but not required:*

Year pastor was ordained to the Gospel Ministry: \_\_\_\_\_

Seminary graduate? \_\_\_\_ Yes \_\_\_\_ No Where? \_\_\_\_\_

College or Bible School graduate? \_\_\_\_ Yes \_\_\_\_ No Where? \_\_\_\_\_

Would pastor like to know about educational opportunities? \_\_\_\_ Yes \_\_\_\_ No