

CHURCH REQUEST FOR AFFILIATION WITH THE KENTUCKY BAPTIST CONVENTION

(Please complete all sections of this form)

TO: Credentials Committee of the Kentucky Baptist Convention

The _____ Church, located in _____ Association hereby applies for affiliation and fellowship with the Kentucky Baptist Convention.

Our church was officially constituted as a Baptist Church on _____ (date).

On _____ (date), the membership by its vote in a business meeting, expressed the desire to join other churches affiliated with the Kentucky Baptist Convention, as stated in ARTICLE II of the Kentucky Baptist Convention Constitution.

“The Body was created by churches, for churches, to help churches reach Kentucky and the world for Christ.”

We have checked statements which best describe our relationship to a district association of Baptist churches.

- (1) The church is now affiliated with the local _____ Association.
- (2) The church has applied for affiliation with the local _____ Association.
- (3) The church is not affiliated with any local Baptist association. Give reason: _____

- (4) Other statements regarding church’s relationship to a local Baptist association: _____

Type of Church Government/Polity:

- (1) Congregational – democratic
- (2) Congregational – pastor led
- (3) Congregational – elder/deacon led
- (4) Elder Rule

How often do you have business/members’ meetings?

- (1) Monthly
- (2) Quarterly
- (3) Bi-Annually
- (4) Annually
- (5) We do not have business/members’ meetings

Church Members Vote on the following items:

- (1) Calling of Pastor and other staff members
- (2) The purchase or selling of property
- (3) Yearly budget
- (4) Committees
- (5) Changes to constitution and by-laws
- (6) Other: _____
- (7) Church members do not vote on any church related matters

We have enclosed the following required documents:

- (1) A letter from the pastor or other designated letter indicating the church's reason(s) for seeking affiliation with the Kentucky Baptist Convention:
- (2) Copy of the church's constitution and bylaws.
- (3) The completed church data sheet.
- (4) Any other information that will help the Credentials Committee understand the ministry and mission of the church. _____

Church Moderator (Phone)

Church Clerk (Phone)

Federal ID Tax # _____

Pastor's Name & Address: _____

Church Mailing Address: _____
(Street and Number) (City) (State) (Zip)

Church Phone No. () _____ Church's Email Address _____

MAIL THIS FORM BEFORE SEPTEMBER 1 to Committee on Credentials, Executive Office, Kentucky Baptist Convention, PO Box 43433, Louisville, KY 40253-0433.