

MINISTRY INTAKE INFORMATION LIST

(Please Print or Type)

NAME OF ORGANIZATION: _____

CHURCH OR MINISTRY (PLEASE CIRCLE)

STREET ADDRESS WHERE OFFICES ARE OR WILL BE: _____ P. O. BOX IF APPLICABLE: _____

CITY: _____ CITY: _____

COUNTY: _____ COUNTY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE: () _____ HOME TELEPHONE; () _____

NAME OF MINISTER: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME AND ADDRESS OF ADDITIONAL TRUSTEES OTHER THAN MINISTER:

2. _____

3. _____

4. _____

5. _____

OFFICERS: PRESIDENT: _____

VICE-PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

(Secretary and Treasurer may be combined in one person.)

HOW LONG HAS YOUR ORGANIZATION BEEN IN EXISTENCE?

JUST BEING FORMED _____ FORMED _____ 19 _____

HAVE YOU PREVIOUSLY APPLIED FOR AN EMPLOYER IDENTIFICATION NUMBER (IRS FORM SS-4) FOR THIS OR ANY OTHER ORGANIZATION?

Yes, my number(s) is (are): _____ (This organization)

(Other organization)

PLEASE DESCRIBE ANTICIPATED ACTIVITIES: _____
