

# ROCKY MOUNTAIN DISTRICT AFFILIATED CHURCH INFORMATION

This information is to be mailed to the District Secretary-Treasurer and the Sectional Presbyter.

Date: \_\_\_\_\_

1. Name of Church: \_\_\_\_\_

\_\_\_\_\_

2. Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

3. Mailing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Church phone: \_\_\_\_\_

5. Environs: check ONE box indicating the community in which the church is located:

CN-open countryside

If population is 50,000+ is it:

VG-village (less than 1,000)

DT-downtown (in the central business district

TW-town (1,000-4,999)

NB-neighborhood (within city limits but not downtown

SC-small city (5,000-9,999)

SU-suburban (in the same county as a central city of

MC-medium city (10,000-49,999)

but not in the city limits)

Ethnicity: the majority (51% or more) of the congregation is (Anglo, Hispanic, Chinese, etc):

\_\_\_\_\_

6. Mortgage Holder: \_\_\_\_\_

7. Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

8. Legal Description (*all property*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Property Value: Estimated \$ \_\_\_\_\_

Appraised \$ \_\_\_\_\_

10. Insurance Carrier(s): Name: \_\_\_\_\_  
Type: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Deductible: \_\_\_\_\_

Describe coverage: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Type: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Deductible: \_\_\_\_\_

Describe coverage: \_\_\_\_\_

11. Pastor's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Ordained       Licensed       Certified       No Credentials

Address: \_\_\_\_\_  
\_\_\_\_\_

Children's names and ages (if living at home): \_\_\_\_\_  
\_\_\_\_\_

12. List of present Board Members:

**Secretary:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Member:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Member:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Member:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

13. Membership Information:

RMDC Section: \_\_\_\_\_

Total church membership: \_\_\_\_\_ Adherents: \_\_\_\_\_ Sunday A.M. attendance: \_\_\_\_\_

Date church opened: \_\_\_\_\_ Date church reopened: \_\_\_\_\_

By whose initiative was this church started? \_\_\_\_\_

If started by a Parent Church, give name and address of Parent Church: \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Articles of Incorporation #: \_\_\_\_\_  
\_\_\_\_\_

Employer Identification #: \_\_\_\_\_  
\_\_\_\_\_

**Please return this form to:**

Department of Church Planting & Development  
RMDC  
6295 Lehman Dr., Ste 202  
Colorado Springs, CO 80918