501 (C) (3) APPLICATION

Referred by:
Name _____
Email _____
Phone _____

LOGOS GLOBAL NETWORK, INC.
1000 Savage Ct. Ste. 1010C | Longwood, FL 32750
Phone: 1-888-985-6467 | www.lgnfamily.org

This application packet is for churches, ministries, humanitarian, and community organizations seeking to affiliate themselves with Logos Global Network. All required information and documentation must be submitted for review. Incomplete applications will not be processed.

☑	**CHURCH / ORGANIZATION** **APPLICATION CHECKLIST**
	Completed Application
	Brief Organizational History; 2-3 Pages
	State Incorporation Document; **State Filing Assistance Fee (varies) + $75.00*
	Corporate Bylaws; *Assistance *Fee: $100.00*
	Statement of Faith, if not included in Bylaws
	Federal EIN Number; *Assistance *Fee: $50.00*
	IRS Letter with EIN number (if applicable)
	Resume for each Principal or Officer
	Reference Form for each Principal or Officer

**Assistance Fee is NOT required if applicant has the item. It is required if applicant needs LGN assistance.*

SECTION ONE – APPLICATION STATUS

New Application

A. Do you reaffirm the corporate commitment of your organization to cooperate with and support the vision of LGN and work in cooperation with its appointed leaders?

☐ Yes ☐ No *If "No", please attach letter of explanation to your application*

NAME_____ **EMAIL**_____

PHONE _____

SECTION TWO – LGN MEMBERSHIP

Church or Organization Membership ***Annual Fee: $300.00***

Logos Global Network Resolution on Church Sovereignty:

"Be it resolved that affiliation with LGN in no way violates or jeopardizes the sovereignty or independent status of the local church, ministry, or organization. This is a voluntary act of affiliation and has no legal recourse to the property, resources, or vision of the local church or ministry."

Please sign your name in the box indicating you are in agreement with theLGN Statement of Sovereignty.

Process payment at lgnfamily.org with credit card or mail check.

SECTION THREE – CHURCH/ORGANIZATIONAL MEMBER INFORMATION

Church/Ministry/Org: _____

Address: _____

City / State / Zip: _____

Phone: _____

Email: _____

Website: _____

Federal EIN: _____

Date of Incorporation: _____

State of Incorporation: _____

In making this application, we at_____hereby authorize Logos Global Network to review and confirm by such means as they shall deem appropriate any and all information that we have provided herein. We hereby specifically request and authorize the release of any information, which shall be necessary for such review in the processing ofour application for membership.

_____ _____

DATE SIGNATURE OF OFFICER