

Chapter # _____

A FaithLife Financial Chapter has been newly established on _____ 20_____

by FaithLife Financial Representative _____

Have the clergy and church leadership been informed of the organization of this Chapter and have they given their approval? Yes No

Name of Church/Organization _____

Denomination _____

Full Address _____

Telephone () _____ E-mail _____

Clergy _____

If an organization, provide name of executive director or president: _____

Chapter Members

The following **five** FaithLife Financial members (from different addresses) in your congregation or organization endorse and support this Chapter:
(Please *print* names and addresses and *sign* below.)

Please indicate **two** FaithLife Financial members that agree to act as Chapter Contacts for this year. A valid e-mail address is required for at least one of the Chapter contacts.

1. Mr. Rev. Mrs. Ms Miss FaithLife Financial policy #: _____
 Name: _____ E-mail address: _____
 Address: _____
 City _____ Province _____ Postal Code _____
 Telephone: Res.: () _____ Bus.: () _____ Fax: () _____
 Chapter Contact Yes No Signature _____

For Head Office Use Client I.D.: _____ Church # _____

2. Mr. Rev. Mrs. Ms Miss FaithLife Financial policy #: _____
 Name: _____ E-mail address: _____
 Address: _____
 City _____ Province _____ Postal Code _____
 Telephone: Res.: () _____ Bus.: () _____ Fax: () _____
 Chapter Contact Yes No Signature _____

For Head Office Use Client I.D.: _____ Church # _____

3. Mr. Rev. Mrs. Ms Miss FaithLife Financial policy #: _____
Name: _____ E-mail address: _____
Address: _____
City _____ Province _____ Postal Code _____
Telephone: Res.: () _____ Bus.: () _____ Fax: () _____
Chapter Contact Yes No Signature _____

For Head Office Use Client I.D.: _____ Church # _____

4. Mr. Rev. Mrs. Ms Miss FaithLife Financial policy #: _____
Name: _____ E-mail address: _____
Address: _____
City _____ Province _____ Postal Code _____
Telephone: Res.: () _____ Bus.: () _____ Fax: () _____
Chapter Contact Yes No Signature _____

For Head Office Use Client I.D.: _____ Church # _____

5. Mr. Rev. Mrs. Ms Miss FaithLife Financial policy #: _____
Name: _____ E-mail address: _____
Address: _____
City _____ Province _____ Postal Code _____
Telephone: Res.: () _____ Bus.: () _____ Fax: () _____
Chapter Contact Yes No Signature _____

For Head Office Use Client I.D.: _____ Church # _____

For Head Office Use Chapter # Assigned _____ Chapter Set Up Complete _____