

**The General Council of the Assemblies of God
Parent Affiliated Church (PAC) Charter**

Fill in the form electronically (TAB from field to field) and print it. Or print a hardcopy to be completed.

Check one:

- New PAC The Parent Church requests that the PAC named below be changed from its current General Council or District Council affiliation to PAC.
This PAC named below has the General Council account # _____.

Questions 1 – 14 pertain to the PARENT Church.

1. District of Parent Church _____ 2. Parent Church Account # _____
3. Parent Church Affiliation General Council District 4. Section _____
5. Name of Parent Church _____
6. Parent Church Location Address _____
(Street) (City, State, Zip Code)
7. Parent Church Mailing Address _____
(Street/PO Box) (City, State, Zip Code)
8. Parent Church Phone # _____ 9. Parent Church Email _____
10. Parent Church Lead Pastor _____ 11. Lead Pastor's Account # _____
12. Lead Pastor's type of Assemblies of God Credential: Ordained Licensed Certified No AG Credential
13. Lead Pastor's Address _____
(Street/PO Box) (City, State, Zip Code)
14. Lead Pastor's Email _____

Questions 15 – 30 pertain to the PAC.

15. **Name of PAC** (Parent Affiliated Church) _____
16. PAC Location Address _____
(Street) (City, State, Zip Code)
17. PAC Mailing Address _____
(Street/PO Box) (City, State, Zip Code)
18. PAC Phone # _____ 19. PAC Email _____
20. **Federal EIN of PAC** _____ 21. County _____ 22. Section _____
(if not covered under Parent EIN)
23. Environs: check ONE box indicating the community in which the PAC is located.
 CN – open country side 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 (10,000-49,000) 50,000+ but not in the city limits)
24. Ethnicity: the majority (51% or more) of the congregation is (Anglo, Hispanic, Chinese, etc.) _____
25. PAC Leader _____ 26. Leader's Account # _____
27. Leader's type of Assemblies of God credential: Ordained Licensed Certified No AG Credential
28. Leader's Address _____
(Street/PO Box) (City, State, Zip Code)
29. Leader's Email _____
30. By whose initiative was this PAC started? _____

Signature of PARENT Church's Lead Pastor _____ Date _____
(required)

The _____ District recognizes this Parent Affiliated Church

Signature of District Superintendent or Secretary **(required)** Date _____

District office: Please sign and send to the General Secretary's Office.