

**PETITION FOR AFFILIATION  
to  
LAKE COUNTY BAPTIST ASSOCIATION**

\_\_\_\_\_  
(name of church)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(mailing address if different)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(church phone)

\_\_\_\_\_  
(church website)

\_\_\_\_\_  
(pastor's name)

\_\_\_\_\_  
(church clerk's name)

\_\_\_\_\_  
(home address)

\_\_\_\_\_  
(home address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(email address)

Date church constituted: \_\_\_\_\_

Date church incorporated with the State of Illinois: \_\_\_\_\_

Is the church currently affiliated with other conventions, association, or denominations?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes", please list: \_\_\_\_\_

Does the church plan to continue these affiliations? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does the church agree with the nature and purpose of the Lake County Baptist Association as stated in its Constitution and By-laws? \_\_\_\_\_ YES \_\_\_\_\_ NO