



# Membership Application

FOBCM welcomes applications from evangelical churches and nonprofit organizations which have been in existence for one year or more after receiving their 501(c)(3) Advance Ruling Letter from the IRS and have received at least \$150,000 in total income for the most recent fiscal year.

Once approved for membership, membership fees will be requested for the current calendar year. Membership is for the fiscal year. FOBCM requires that members renew their memberships annually, and FOBCM conducts an Annual Membership Review process for all members.

The FOBCM certification and membership credentials are and remain the property of FOBCM. The use of the FOBCM certification mark is contingent upon continued membership and compliance with the FOBCM Declarations.

## Documents Required For Application

<input type="checkbox"/> Form 1023 (Application for Tax-Exempt Status) and all related correspondence (if the form was filed on or after July 15, 1987).	<input type="checkbox"/> Most recent IRS Form 990 or Form 990-PF, including all your schedules and attachments, except Schedule B. If your organization is not required to file Form 990 or Form 990-PF, please explain your filing exemption.
<input type="checkbox"/> IRS Determination Letter granting 501(c)(3) tax-exempt status to your organization.	<input type="checkbox"/> Most recent annual report (if one is available).
<input type="checkbox"/> Articles of Incorporation (Signed and dated by an appropriate corporate officer).	<input type="checkbox"/> Brochures and pamphlets prepared and distributed by the organization.
<input type="checkbox"/> Bylaws (Signed and dated by an appropriate corporate officer).	<input type="checkbox"/> Two most recent letters for stewardship. If none are used, submit newsletters or general correspondence to donors.
<input type="checkbox"/> Mission Statement or Statement of Purpose.	<input type="checkbox"/> A general explanation of how the organization raises funds.
<input type="checkbox"/> Statement of Faith.	<input type="checkbox"/> Application fee - \$200.
<input type="checkbox"/> Financial Statements for the most recent 12-month calendar period prepared by an independent accountant, not a certified audit.	<input type="checkbox"/> Completed and executed FOBCM application form.



# Membership Application

*Please Read All Directions Carefully*

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Organization \_\_\_\_\_  
(As you want it published in the FOBCM Member List)

Name of Contact Person \_\_\_\_\_

Email Address of Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Email Address of Organization \_\_\_\_\_

Name of Organization's Top Staff Leader \_\_\_\_\_

Title \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_

***The Board of Governors of FOBCM has the right to accept or reject any application that they feel would not be an enhancement to the organization.***

In 100 words or less, please describe the activities of your organization, and please discuss the evangelical nature of your organization. Unless you provide an alternative description of your organization's activities for publication purposes, this description will also be used in response to requests for information about your organization.

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Authorized Signature \_\_\_\_\_

## Declaration 1 - Doctrinal Statement

All members shall affirm their commitment to the evangelical Christian faith by subscribing to a written statement of faith and shall conduct their operations in a manner that reflects conventional biblical beliefs and practices.

### CHECK THE BOXES BELOW TO AFFIRM YOUR ORGANIZATION'S AGREEMENT WITH FOBCM'S STATEMENT OF FAITH

<input type="checkbox"/> We believe the Bible to be the inspired, the only infallible, authoritative Word of God.	<input type="checkbox"/> We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life.
<input type="checkbox"/> We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.	<input type="checkbox"/> We believe in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
<input type="checkbox"/> We believe in the deity and humanity of Christ, in His virgin birth, in His sinless life, in His miracles, in His victorious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, in His present rule as Head of the Church, and in His personal return in power and glory.	<input type="checkbox"/> We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across racial, gender and class differences.
<input type="checkbox"/> We believe that for the salvation of lost and sinful men regeneration by the Holy Spirit is absolutely essential.	<i>If you have a statement of faith please provide a hard copy with your application.</i>

## Declaration 2 - Board of Directors and Oversight Financial Information

All members shall be governed by a board of not less than three individuals, a majority of whom shall be independent, and which shall meet semiannually or more to establish policies and review the organization's accomplishments. Either the governing board or a committee of a majority of independent members shall review the annual financial statements of the organization and shall maintain direct communication between the board and the certified public accountants. Please answer the questions below, and if you respond "NO" to any of them, please provide written explanations.

	YES	NO
1. Did the board meet at least twice within the last 12 months with a quorum of the Board present?	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Were the majority of members in attendance at the board meetings during the past 12 months voting independent board members? At least one board meeting is required where all board members attend.	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Based on comparative data, does the board independently determine and document the salary and fringe benefits of your organization's top leader?	<input type="checkbox"/> Y	<input type="checkbox"/> N
4. Does the board or its designated committee, which consists of a majority of independent reviewers, review and receive the annual financial statements?	<input type="checkbox"/> Y	<input type="checkbox"/> N
5. Does the board or its designated committee vote annually on the appointment of the independent public accountants (except when a multi-year engagement letter is in effect)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
6. Does the board or its designated committee meet annually with the independent public accountants for the purpose of receiving and reviewing the financial statements that have been audited, reviewed or compiled?	<input type="checkbox"/> Y	<input type="checkbox"/> N
7. If an independent public accountants' management letter has been submitted to the organization, does the board or its designated committee evaluate recommendations made in the letter and review the organization's response?	<input type="checkbox"/> Y	<input type="checkbox"/> N

## Declaration 3 - Finances

All members must submit complete and accurate financial statements prepared by an independent public accountant in accordance with U.S. Generally Accepted Accounting Principles (GAAP). Please submit copies of financial statements with this form. If financial statements are not yet complete, please provide the estimated completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you submitting financial statements (with disclosures) compiled or reviewed by an independent public accountant in conformity with U.S. GAAP or on the modified cash basis of accounting?  YES  NO

**Form 990 or Form 990-PF** — Is your organization required to file the Form 990 or Form 990-PF with the IRS?  
 YES  NO

If NO, please indicate which of the following exceptions apply:

- Church  Religious Order  Integrated Auxiliary  51% or more Foreign Missionary Activity  
 Other \_\_\_\_\_

*If necessary, please provide any additional information why the organization does not file Form 990.*

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### If YES:

Please provide a copy of the Form 990 or Form 990-PF, including all schedules, forms and exhibits, but not including Schedule B.

**Annual Report**— Did your organization issue an annual report for the most recent fiscal year end?  
If YES, please submit a copy of the annual report to FOBCM.

## Declaration 4 - Resources

All members shall use the management and financial resources necessary to ensure that all national and international resources are used in conformity with all applicable laws and regulations to accomplish the exempt purpose for which they are intended. Please answer the questions below.

1. Are all expenditures made in accordance with the exempt purposes of your organization? If NO, please provide an explanation.

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Y  N

<p>2. Does your organization exercise discretion and control over all contributions considered tax deductible? If NO, please provide an explanation.</p> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>3. Does your organization independently account for the revenue and expense of funds contributed with donor-imposed restrictions? If NO, please provide an explanation.</p> <hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>4. Does your organization accept gifts for benevolent purposes and/or provide benevolence payments to individuals? If YES, please provide information and guidelines regarding this practice, including a description of how such gifts are solicited, acknowledged, and distributed. Please also indicate if you accept benevolent gifts restricted for particular individuals.</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<hr/> <hr/> <hr/>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>5. Does your organization require individual workers to raise funds using the deputized fund-raising approach? If YES, please describe this process and how your organization provides adequate discretion and control over gifts.</p> <hr/> <hr/> <hr/>	
<p>6. Does your organization host a donor-advised fund (DAF)? If YES, please provide copies of sample donor agreements and materials given to prospective DAF donors. Please indicate the amount of unrestricted net assets on your most recent financial statements related to the donor-advised funds that are hosted by your organization. \$ _____</p>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p>7. Does your organization fulfill part or all of its mission in foreign countries? If YES, please answer the next two questions in regard to your organization's foreign activity:</p> <p>A. Indicate the approximate dollar amount that was sent to or spent in foreign countries in the past fiscal year, including gifts-in-kind. \$ _____</p> <p>B. In order to ensure that the funds sent to foreign countries were used to further its mission objectives, did your organization:</p> <p>1) Review and approve the foreign program activity? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>2) Budget for and approve the amount of funds sent? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>3) Receive reporting on the use of funds? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>4) Receive reports from internal auditors on the use of funds? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>5) Receive reports from independent auditors on the use of funds? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>6) Conduct inspections of the foreign program activity? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<input type="checkbox"/> Y <input type="checkbox"/> N

8. Use the table below to list the names and compensation amounts for the organization's top leaders as noted below. When providing salary figures, use Form W-2 data from the most recent year and include annual salary or deputational support received, bonuses, royalties, and non-accountable expense reimbursements.

*When providing housing figures, include cash allowance or fair rental value of housing provided. When providing the value of fringe benefits, include the value of the organization-provided benefits such as health, disability, long-term care, and group life insurance premiums, as well as tuition payments, retirement contributions, and the employer portion of payroll taxes.*

Name	Title	Current Annual Salary (\$)	Housing (\$)	Other Fringe Benefits (\$)	Total Compensation (\$)

### Declaration 5 - Disclosure of Financial Statements

**All members shall submit a copy of their current financial statements upon written request from FOBCM and shall provide all other disclosures as may be required by law. If audited financial statements must be submitted to comply with Declaration 3, they should be disclosed under this Declaration. Upon written request, all members must provide reports that include financial information on any specific projects for which the organization is soliciting gifts. Please answer the following questions. If the answer to either question is NO, please attach a written explanation.**

1. Are your organization's financial statements provided to anyone upon written request?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. To the best of your knowledge, is your organization in full compliance with applicable federal, state, and municipal laws and statutory provisions relating to financial reporting and disclosure?	<input type="checkbox"/> Y <input type="checkbox"/> N

### Declaration 6 - Conflict of Interest

**All members must avoid conflicts of interest. Members may engage in transactions with related parties only if: a material transaction is disclosed fully in the audited financial statements of the members, the related party is excluded from the discussion and approval of the conflicting transactions, a competitive bid or comparable valuation exists, and the member's board demonstrated that the transaction is in the member's best interest. Please answer the following questions. If your answer is YES, please attach a written explanation.**

1. Does your organization have a written conflict of interest policy?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Was your organization involved in any related-party transactions in the past year?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Is your organization under investigation by any government authority?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Is your organization involved in litigation?	<input type="checkbox"/> Y <input type="checkbox"/> N

## Declaration 7 - Fundraising

ALL MEMBERS MUST COMPLY WITH ALL OF THE FOBCM FUNDRAISING STANDARDS.

- A. All representations of fact, descriptions of financial status, and narratives about events must be accurate, complete, and current. All references to past events and activities must indicate the accurate date of occurrence. Applicants may not make material omissions or exaggerations of fact. Applicants may not use misleading photographs or make any other false communications that would create false impressions or misunderstandings.
- B. When seeking donations, members cannot create unrealistic donor expectations of what a gift will accomplish within the member's ministry.
- C. Members must do with the gift what they say they will do with the gift when seeking donations. Members must honor any donor instructions accompanying the donations. Communications made when fundraising may create legally binding restrictions.
- D. Members receiving or raising funds for programs that are outside of the member's present or prospective ministry but are proper in accordance with the member's exempt purpose must treat the funds as restricted funds and either give them to an organization that can carry out the donor's intent or return the funds to the donor.
- E. Members who engage in fundraising campaigns that involve incentives or premiums in exchange for a contribution must advise the donor of the fair market value of the premium or incentive and must advise the donor that the value of the premium or incentive is not tax deductible.
- F. When engaging in communications regarding commitments on major estate assets, the representative of the member must aim to guide and advise donors so that they have sufficiently contemplated the broad interests of the family and ministries they are currently supporting before making a final decision. Members should encourage donors to retain the services of attorneys, accountants and other professional advisors.
- G. Outside fundraising consultants and members' employees cannot be compensated based on a percentage of charitable contributions raised.
- H. Tax-deductible gifts cannot be used to give money or other benefits to any named individuals for personal use.
- I. Principals of the members cannot receive royalties for any product that the member uses for fundraising or promotional purposes.
- J. Gifts-in-kind or property received by a member should be acknowledged, and the property or gift should accurately be described without a statement of the gift's market value. The donor is the party responsible for determining the fair market value of the property for tax purposes.
- K. A member must attempt to avoid entering into a contract with a prospective donor and avoid accepting a gift from a prospective donor which would knowingly place a hardship on the donor or place the donor's future well-being in jeopardy.

*Please answer the following two questions. If your answer is NO, please provide a written explanation.*

A. Does your organization comply with each of the FOBCM Standards for fundraising listed above?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. To the best of your knowledge, is your organization in compliance with the applicable charitable solicitation laws, state registration requirements, security regulations and other statutory provisions?	<input type="checkbox"/> Y <input type="checkbox"/> N

**Please return completed form with supporting documents and membership fee to:  
FOBCM • 5746 Marlin Road, 5th Floor • Chattanooga, TN 37411-4061 • Phone: 888.839.8885**



# Compliance Statement

We affirm that our organization will consistently and vigorously comply with the FOBCM Declarations. We agree to advise FOBCM within 30 days of any material changes in the information submitted or new developments which would affect our compliance with the FOBCM Declarations. We understand that noncompliance with any Declaration shall be grounds for termination of membership.

We understand FOBCM Declarations are formed by and for FOBCM by its Board of Governors. In the event of a dispute about compliance, we agree to fully cooperate with any inquiry made by FOBCM to determine compliance with the FOBCM Declarations.

We also understand that in accepting continued membership in FOBCM, we consent to a field review at any time. We affirm that the information provided in this application form and the supporting documents fully and fairly describe the financial reporting, disclosure and administrative practices of our organization.

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Three different individuals must execute this FOBCM Membership Application. If the Chairman of the Board is a staff member or related to a staff member, please submit the signature of an outside Board Member.

Organization \_\_\_\_\_

Signature \_\_\_\_\_  
*Organization's Top Staff Leader (ex. Senior Pastor, CEO, President, Executive Director)*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_  
*Chief Financial Officer or comparable position*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_  
*Board Chair or other outside Board Member*

Application Prepared By \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_





# Schedule Of Fees For Membership

The Membership Fee for FOBCM is based on the total contributions received for the last 12 months. The Total Contributions are those received in all net asset classes including tithes, offerings, building funds, special offerings, pledges received, and other miscellaneous contributions.

## Total Contribution Of

AT LEAST	BUT LESS THAN	YOUR MEMBERSHIP FEE IS
\$ 0	\$ 150,000	\$ 360
150,000	500,000	480
500,000	750,000	600
750,000	2,000,000	780
2,000,000	3,000,000	880
3,000,000	5,000,000	1020
5,000,000	10,000,000	1200
10,000,000	20,000,000	2500
20,000,000	30,000,000	3000
30,000,000	50,000,000	5000
50,000,000	70,000,000	6500
70,000,000	100,000,000	8500



# Schedule A – Listing Of Board Members

Member Name \_\_\_\_\_

*Please provide the following information for all board members:*

Board Member Name	Mailing and Email Address	Employer	Board Officer Position	Related to another board or staff member by blood or by marriage? <i>If Yes, indicate the relationship.</i>	Material business relationship with the organization or other board members? <i>If Yes, indicate the relationship.</i>
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

## ✓ Checklist Of Required Documents

- Form 1023 (Application for Tax-Exempt Status) and all related correspondence (presuming the form was filed on or after July 15, 1987).*
- IRS Determination Letter granting 501(c)(3) tax-exempt status to your organization.*
- Articles of Incorporation (Signed and dated by the appropriate corporate officer).*
- Bylaws (Signed and dated by the appropriate corporate officer).*
- Mission or Purpose Statement.*
- General explanation of how funds are raised by the organization.*
- Financial Statements for the most recent 12 month calendar period.*
- Most recent IRS Form 990 or Form 990-PF, including all schedules and attachments, except Schedule B.*
- Most recent annual report (if prepared).*
- Brochures/pamphlets prepared by the organization.*
- Two most recent letters for stewardship, newsletters or general correspondence to donors.*
- Statement of Faith.*
- Application fee - \$200.*
- Completed and signed FOBCM application form.*

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