



## Church Application

### Church Information:

Church name \_\_\_\_\_

Location \_\_\_\_\_

Church deacon or AB contact person \_\_\_\_\_

Church denomination \_\_\_\_\_

Deacon or AB contact's mailing address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is your church recognized for Social Security exemption? Yes \_\_\_\_\_ No \_\_\_\_\_

### Constituency Parameters:

The church applying to Anabaptist Brotherhood (AB) must align with conservative Anabaptist principles and values and the intent of the *IRS Form 4029* exemption. Participating churches must hold to the 1963 Mennonite Confession of Faith, the AB supplied Statement of Doctrine, or similar, older Anabaptist confessions.

Do you agree with the 1963 Mennonite Confession of Faith, AB Statement of Doctrine, or similar, older confessions? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

You can also include your Confession of Faith with this application for AB review.

### Guidelines of Church Participation:

Anabaptist Brotherhood looks forward to working with you in relation to those of your congregation who have shown interest in, or applied with, AB's mutual aid program.

1. We respect the position of deacon in your congregation. We believe deacons are ordained by God and want to do our utmost in utilizing their connection with your members. If you designate another person as our contact, we will honor your choice. However, we are concerned that it does not infringe on your Deacon position and role.
2. All matters of need and assistance to your church members will include you, your counsel, and your recommendations.
3. Interested individuals must apply with a *Member's Application*, which requires your signature.



4. A church must apply using the *Church Application* before any of the church members are accepted into the AB membership. Check the boxes below to indicate the level of participation that you authorize for your church:
  - o I authorize my church to participate in the AB teaching materials, Mutual Aid Fund, and the Individual Savings program.
  - o I authorize my church to participate only in the AB teaching materials and Individual Savings program.
5. Confidential matters pertaining to an individual's AB membership will be communicated between AB and the member directly. This includes income, personal savings plans, and items of personal information.
6. The participant's annual contribution to the AB mutual aid fund is determined by the annual income tier chart. AB members make annual *mutual aid* contributions directly to AB to maintain confidentiality of personal information and to enable us to verify accountability for both annual savings and mutual aid contributions.
7. If annual mutual aid contributions are not received within 30 days of the annual deadline, the participant is removed from the program. If this occurs, both the participant and deacon are notified.
8. The organization serves as a facilitator to respond to needs. It facilitates conversations and offers counsel and discernment with both the AB member and deacon. The following steps are used in determining need:
  - a. Deacon or AB member report need to Anabaptist Brotherhood.
  - b. Anabaptist Brotherhood engages with deacon (or other church contact) and AB member to discern need and identify available assets and resources.
  - c. Anabaptist Brotherhood, deacon (or contact), and AB member determine amount of financial support needed and develop financial plan.
9. You will receive an annual report that discloses the following:
  - a. A list of AB members from your church. This report verifies whether or not their annual contribution and savings were received. The report does not reveal dollar amounts of annual contributions from your church members.
  - b. A list of the AB members who receive distributions and the respective annual amounts sent to the church on their behalf.
  - c. Financial statements of the organization.

Please do not hesitate to contact us with any questions, comments, or need.

The organization's contact person is Thomas Mast: Phone 574-354-4449; PO Box 45, Nappanee, IN 46550; Email [thomas@anabaptistbrotherhood.org](mailto:thomas@anabaptistbrotherhood.org)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_