

**APPLICATION TO AFFILIATE
Central New York Baptist Association**

Date: _____ Is this a Church ___ or Mission___

Name of Church or Mission _____

Address of Church or Mission _____

City _____ Zip _____

Pastor's Name _____

Pastor's Address _____

City _____ Zip _____

Phone _____ Email _____

If a mission, name of Sponsoring Church _____

- ◆ Does your group accept “*The Baptist Faith and Message*” as an appropriate summary expression of it’s doctrine? _____
- ◆ Does your group intend to contribute financially to the Cooperative Program of the SBC _____
- ◆ Does your group intend to contribute financially to the work of CNYBA _____
- ◆ Would your group be willing to participate in a one session orientation dealing with the history, polity, and mission programs of the SBC, the BCNY, and the CNYBA _____
- ◆ A copy of your constitution and/or by-laws (if you have such) should accompany this application.
- ◆ This application, including answers to all questions, must be read to your congregation and approved.

Date this was done: _____

- ◆ This application must be signed by two officers of your Congregation

Signature and Office

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