

CHURCH / ORGANIZATION NAME:

ADDRESS LINE 1 (APARTMENT OR SUITE NUMBER):

ADDRESS LINE 2 (HOUSE / BUILDING NUMBER, STREET NAME):

OTHER ADDRESS INFO (FLOOR NUMBER, BUILDING NUMBER, MAIL STOP):

CITY:

STATE / PROVINCE:

WORK PHONE NUMBER:

ZIP / POSTAL CODE:

FAX NUMBER:

CELL PHONE NUMBER:

CONTACT PERSON:

LAST NAME / SURNAME / FAMILY NAME:

FIRST NAME / GIVEN NAME:

MIDDLE INITIAL / NAME:

TITLE / OFFICE:

WEB SITE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

IS YOUR ORGANIZATION A CHURCH?  YES      AFFILIATION: \_\_\_\_\_

NO      DENOMINATION: \_\_\_\_\_

WHAT DEMOGRAPHIC AREA DO YOU SERVE? \_\_\_\_\_

ARE YOUR SERVICES FREE?  YES  
 NO      IF NO PLEASE EXPLAIN: \_\_\_\_\_

WHAT IS THE PURPOSE OF YOUR ORGANIZATION: \_\_\_\_\_

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I have read and I am not opposed to the STATEMENT OF FAITH of the Assist Local Foundation, as disclosed.

I hereby grant the Assist Local Network permission to use our name as a partner in any and all of its publications, including website entries, without payment or any other consideration. I waive the right to inspect or approve the finished product including written or electronic copy, wherein our name appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of our name.

I agree to submit any claim or dispute that arises out of or results from any activity or event or this agreement to mediation and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. I acknowledge this agreement is governed by the applicable laws of the State of California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

I acknowledge that all information that I have disclosed in this partnership application is correct and true, and I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS PARTNERSHIP AGREEMENT, MEDIA RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_