



# Missouri Alliance of Faith-Based Social Services Membership Application

Membership is open to faith-based organizations and organizations with faith-based programs in Missouri that are involved in social services.  
A completed application along with membership dues, two letters of reference, and a signed copy of the Alliance's principles should be submitted to:

**Missouri Alliance of Faith-Based Social Services**  
c/o Committed Caring Faith Communities  
2730 Watson Road, Lower Level  
St. Louis, MO 63139

Annual membership dues with full voting privileges - \$500  
Annual membership dues for affiliate non-voting members - \$250

**Please print legibly or type**

## Organizational Information

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite Number*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Website: \_\_\_\_\_

Type of Organization (e.g., church, synagogue, mosque, faith-based social service agency): \_\_\_\_\_

Legal Status of Organization (e.g., non-profit, coalition, for-profit): \_\_\_\_\_

Faith (e.g., Christian, Jewish, Muslim, Buddhist, Interfaith): \_\_\_\_\_

Denomination (e.g., Baptist, Reform, Methodist, Non-denominational, Catholic) \_\_\_\_\_

Primary Social Service Provided (e.g., substance abuse, children's services, prisoner re-entry, housing, disease prevention): \_\_\_\_\_

Year Organization was Established: \_\_\_\_\_ Number of Members and/or Staff in Organization: \_\_\_\_\_

Primary Recipients of Organization's Services (e.g., homeless men, women with children, youth): \_\_\_\_\_

Average Number of Service Recipients Per Year: \_\_\_\_\_ Number of Years Organization Has Provided Social Services: \_\_\_\_\_

Socioeconomic Status of Service Recipients (e.g., below poverty level, uninsured): \_\_\_\_\_

City or County Where Organization Provides Services: \_\_\_\_\_

Name of Organization's Designee Who Will Serve on the Missouri Alliance: \_\_\_\_\_

Mailing Address of Alliance Designee: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Telephone Number of Alliance Designee: ( ) \_\_\_\_\_ Designee's E-mail: \_\_\_\_\_

Name of Alternate To Serve in Absence of the Organization's Designee: \_\_\_\_\_

Mailing Address of Alternate: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Telephone Number of Alternate: ( ) \_\_\_\_\_ Alternate's E-mail: \_\_\_\_\_

**Organization's Mission and/or Vision:**

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**Brief Description of the Skills or Resources Organization Can Bring to the Missouri Alliance:**

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**What Organization Expects from Missouri Alliance** *(please check as many as are applicable):*

- Coaching & mentoring opportunities with more experienced faith-based providers
- Information about upcoming events, activities, workshops related to social services
- Information about legislation that will affect faith-based social services
- Lobbying at state level on behalf of our organization's interests
- Notification about grants and other funding opportunities
- Opportunities for networking with other faith-based providers
- Opportunity to interact with non-faith-based social service agencies
- Opportunities to receive technical assistance in evaluation, sustainability, capacity building, coalition building, etc.
- Specialized educational and training opportunities for faith-based providers
- Training on how to advocate for faith-based social services
- Other (please specify)

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**Information About The Organization's Leader**

Name of Chief Executive Officer, Pastor, Rabbi, Imam: \_\_\_\_\_

Title of Organization's Leader (e.g., Pastor, Rabbi, Imam, CEO): \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Telephone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Documentation**

**Please attach the following documents: (Incomplete applications will be returned)**

1. Two letters of reference from reputable sources to verify the organization's social service experience.
2. A certificate of good standing for your organization from the Secretary of State.
3. A brochure or other publication that describes your organization.
4. A check or money order made payable to the Missouri Alliance of Faith-Based Social Services for \$500 for full voting privileges or \$250 for non-voting membership.

\_\_\_\_\_  
Signature of Organization's Leader Date

**For use by Missouri Alliance office only:**

Date of receipt of application: _____	All required documents enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date application was approved: _____	Date application was declined: _____
Initials of person who processed application: _____	Comments: _____