

**CHECKLIST FOR FULL CHURCH STATUS
EFCA WEST CHURCH PLANTS • ARIZONA**

Church Name/City:

Pastor:

Date this form completed:

1. Registration with national EFCA under group exemption. EFCA church number assigned. _____
2. Copy of Articles of Incorporation filed with state of AZ received. _____
3. Constitution and by-laws received and approved. _____
4. Proper financial procedures in place _____
5. Licensing/Ordination of lead pastor
 completed
 in process. Estimated date of completion:
6. Total amount of EFCA West church planting subsidy distributed: \$
7. Amount of EFCA West church planting subsidy re-paid to date: \$
8. Participation in *Fair Share* expected? Yes No Other
9. Date recommendation for full church status made to EFCA West Regional Council _____
10. Council approval date: _____
11. National EFCA office contacted (copy of correspondence attached)
12. Certificate of acceptance signed and presented (copy attached)
13. Church Health Assessment Scheduled Completed