

**APPLICATION FOR AFFILIATION WITH
TEMPLE OF THE GODDESS
FOR GROUP EXEMPT NUMBER**

Date of Application: _____

Applicant Director or Minister Name: _____

Home Phone: _____ Work Phone: _____

Organization or Ministry Name: _____

Organization E. I. N. Number: _____

Organization Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax: _____ Residence: _____

Organization E-Mail Address: _____

Organization Website Address: _____

Officers or Board Members:

Name: _____ *Title:* _____

Phone: _____

Name: _____ *Title:* _____

Phone: _____

Name: _____ *Title:* _____

Phone: _____

Name: _____ *Title:* _____

Phone: _____

Organizational Affiliation(s): _____

Please describe your organizational purpose: _____

Ministry Mission/Vision Statement: _____

By submitting this application, as an officer of this organization, I certify that this organization is hereby authorized and does request affiliation with Temple of the Goddess, headquartered in Los Angeles, California; and declare that we are subject to

the authority thereof.

I am enclosing a non-refundable application fee of \$100.00 made to Temple of the Goddess. I also understand that application process does not guarantee automatic affiliation with Temple of the Goddess.

It is recognized that affiliation with Temple of the Goddess may be terminated at any time by an official act of either the Corporate Board of this organization or the IRS, and that such act will result in the immediate termination of affiliation.

Signature: _____ Date: _____

Please refer any questions and/or correspondence concerning your application process to Affiliates@TempleoftheGoddess.org.

Temple of the Goddess
P.O. Box 660021
Arcadia, CA 91066