

DRYER AND ASSOCIATES, P.C.
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DRYERLAW@SBCGLOBAL.NET
INTAKE INFORMATION LIST
(Please Print or Type)

NAME OF MINISTRY ORGANIZATION: _____

STREET ADDRESS WHERE OFFICES ARE
OR WILL BE: _____ P. O. BOX IF APPLICABLE:

CITY: _____ CITY: _____
COUNTY: _____ COUNTY: _____
STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE: () _____

HOME TELEPHONE; () _____

NAME OF MINISTRY FOUNDER: _____

MINISTRY FOUNDER'S SOCIAL SECURITY NUMBER: _____

MINISTRY FOUNDER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME AND ADDRESS OF ADDITIONAL TRUSTEES OTHER THAN MINISTER:

2. _____
3. _____
4. _____

OFFICERS: PRESIDENT: _____

VICE-PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

(Secretary and Treasurer may be combined in one person.)

HOW LONG HAS YOUR ORGANIZATION BEEN IN EXISTENCE?

JUST BEING FORMED _____ FORMED _____ 20 _____

HAVE YOU PREVIOUSLY APPLIED FOR AN EMPLOYER IDENTIFICATION NUMBER (IRS FORM SS-4) FOR THIS OR ANY OTHER ORGANIZATION? _Yes, my number(s) is (are): _____

PLEASE DESCRIBE ANTICIPATED ACTIVITIES: _____
