

# National Church Goods Association

## Application for Change of Ownership

Please complete this change of ownership form in its entirety. Failure to do so will delay processing & possible acceptance.

### I. GENERAL INFORMATION

Company Name \_\_\_\_\_

P.O. Box \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Principal Contact \_\_\_\_\_

Principal Contact Email \_\_\_\_\_

### II. TYPE OF MEMBERSHIP (See Guidelines)

\_\_\_\_\_ **SUPPLIER MEMBER**

\_\_\_\_\_ **DEALER MEMBER**

**Describe your product line:**

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**Will your products be available to all members of the association?**    Yes \_\_\_\_ No \_\_\_\_

**If NO: Please explain** \_\_\_\_\_

### III. COMPANY HISTORY

Indicate former owner of company: \_\_\_\_\_

List new owner(s), officers, or principals owning at least 20% of the company:

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Indicate date of ownership change: \_\_\_\_\_

Please provide letter from former owner of company indicating that you be able to continue membership in the NCGA

(If less than five years in business, please state prior company names, if applicable).

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Date entered Church Goods Industry Month \_\_\_\_\_ Year \_\_\_\_\_

Is your company? (Check one). \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

If your company is known under any other name/s (viz. Trade names, Brand names, etc.), please specify.

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Is your business located on tax exempt property? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your business subject to pay Federal and State Income Taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Employees paid \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

Please indicate the total square footage of your facility involved in your business. \_\_\_\_\_ SqFt

Describe your business location (check one)

\_\_\_\_\_ Business District \_\_\_\_\_ Shopping Center \_\_\_\_\_ Other

Is your business open to the public during the week?

\_\_\_\_\_ Yes \_\_\_\_\_ No

#### How do you distribute your product line?

Other manufacturers	( ) %
Dealers	( ) %
Wholesalers	( ) %
Retailers	( ) %
Direct to Churches/Church Organizations	( ) %
Direct to public	( ) %
Internet/Website	( ) %

#### V. GENERAL

Have there been any legal actions or complaints lodged against you (new ownership) or your company, its owners or any principal employees thereof within the last five years by any Federal, State, or local agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have there been any legal actions or complaints lodged against your company, its owners or any principal employees thereof by a private party within the last five years, which contain any allegations regarding fraud, deceit or any other illegal or unethical business conduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to either question above, please specify:

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Please state your anticipated annual dues for NCGA membership.

- (\_\_\_\_) \$ 400.00 if your annual sales are \$0- \$1,000,000
- (\_\_\_\_) \$ 500.00 if your annual sales are \$1,000,001 to \$2.5 Million
- (\_\_\_\_) \$ 600.00 if your annual sales are \$2,500,001 to \$4,000,000
- (\_\_\_\_) \$ 800.00 if your annual sales are \$4,000,001 and Up

Please enclose the following items as a part of your completed application:

- a. Any pertinent sales literature (advertising, catalogs, etc.). Do not include any price, pricing, or other information of a competitive nature.**
- b. Photographs of your facility, interior and exterior.**
- c. A signed copy of the NCGA Code of Ethics.**
- d. A commercial certificate of occupancy issued by your local municipality if such is required.**

**A check made out to the National Church Goods Association in the amount totaling your anticipated annual dues plus the \$250.00 initiation fee. The anticipated dues and the initiation fee will be refunded should your application for membership in the NCGA be denied.**

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Upon receipt of your application for membership, the NCGA Board of Directors will conduct investigations concerning business reputation and credit rating. The Board of Directors will consider the results prior to a vote on the application. Processing of the application cannot be completed until all questions are answered and requested material is received.

Please mail the application to: National Church Goods Association  
800 Roosevelt Road  
Building C, Suite 312  
Glen Ellyn, IL 60137

Membership in the NCGA is predicated upon acceptance and adherence to all Bylaws, Rules and Regulations adopted by the NCGA, including the NCGA Code of Ethics. Completion of this application signifies your intent to be bound by such By-Laws, Rules and Regulations. Membership in the National Church Goods Association is a privilege and the applicant hereby confirms that the information provided in connection with this application is true and correct as of this date. If it is determined that the information is not true and correct, it will be a basis for denial of membership in the Association. In the event membership is approved and it is subsequently determined by the board that the information provided in connection with this application was not true and correct, or the applicant does not comply with the By-Laws, Rules and Regulations, it could be a basis for revocation of membership. The applicant hereby confirms that they understand these conditions and requirements by executing this application where indicated below.

The effective date of this application is 11- May - 08. This application form is subject to change at any time. Applicants who have not received this Application Form from the National Church Goods Association office should contact the office to be sure they are using the latest version of the application form.

I understand that by authorizing/providing the fax number(s) listed above, I consent to its receipt of communications sent by or on behalf of the National Church Goods Association (and its subsidiaries and affiliates) and CM Services, Inc. (and their subsidiaries and affiliates). [I understand that NCGA and CM Services, Inc. will not share my fax with other organizations.] This consent is intended to fully comply with the Telephone Consumer Protection Act of 1990 and subsequent amendments. This consent remains in effect until specifically terminated in writing by an authorized person.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_