



Alliance Of Divine Love, Inc.

IRS/CODE OF ETHICS SIGNATURE SHEET FOR MINISTERS

The Internal Revenue Service requires that all ADL subordinate organizations (chapels, spiritual centers, others) have on file in our central office an agreement signed by the principal officer (pastor) to the effect that the spiritual entity will operate as a nonprofit organization in accordance with 501(c)(3) of the 1954 US Revenue Code, or any future US Revenue Code.

Please read the ADL Articles of Association carefully. These articles are designed to fulfill the requirements of Section (c) (3), and thereby define nonprofit organization according to federal law. **Your signature will indicate agreement with these requirements in operating your subordinate organization.**

Also, the Alliance of Divine Love, Inc. requires that all affiliated ministers act in accord with the Code of Ethics of the ADL Organization. **Your signature below will indicate agreement with this requirement.**

It is necessary for you to include either a statement of affiliation with your new name or to include “The Alliance of Divine Love, Inc.” in the chapel or center name. For example, if you were calling your new center “The Peace Dove” you would need to create the name as “The Alliance of Divine Love, Inc. Peace Dove Center,” or “Peace Dove Center, an Alliance of Divine Love, Inc. Affiliate.” This protects you and the ADL relative to legal requirements and lets the public know more about your activities and services. Chapel or center names will not be approved unless they conform to this requirement.

PLEASE PRINT

Name of Minister as Ordained: _____

Chapel #: _____ Date of Ordination: _____

d/b/a Name: _____

*To be used for change of names such as Marriage or Divorce, Fictitious or Nick Names.
This will be attached to your Original IRS Signature Sheet.*

d/b/a Proposed Chapel/Center Name: _____

For those ministers who want to name their chapel, fill out this form and send it to Reverend Diane Montgomery at the address below. You must get approval before naming your Chapel. You will be notified in case of denial.

Address: _____

City _____ State: _____ Zip +4: _____ Country: _____

Signature: **X** _____

Send completed document to: Alliance of Divine Love
Rev. Diane Montgomery
P.O. Box 93235
Albuquerque, NM 87199-3235