



ALLIANCE OF DIVINE LOVE, INC.
8744 Oldham Way
West Palm Beach FL 33412-1111
Revised 03-15-09

IRS/CODE OF ETHICS SIGNATURE SHEET
d/b/a (doing business as) To use for Chapel or Center Name

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

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.**

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.

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.**

Please print:

Name of Minister: _____ **Chapel #** _____

Address: _____

City _____ **State** _____ **Zip+4** _____ - _____ **Country** _____

Proposed Chapel/Center Name: _____

_____ **Ordination Date:** _____

Signature: _____ **Date:** _____

(Document invalid if not signed)

Send completed document to: **The Alliance of Divine Love, Inc.**
 Rev. Dr. Barbara Hanshaw
 8744 Oldham Way
 West Palm Beach FL 33412-1111