



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name

Cell Phone

Home Phone

Email Address

Date of Birth

Home Address

City, State ZIP

Date Ordained to Ministry

By Whom

MINISTRY INFORMATION

Name of the Ministry

Date Ministry was Founded

Number of Members¹

Ministry Title/Position

Name of Senior Pastor, if different from above

Ministry Street Address

City, State ZIP

Phone

Fax

Email Address

VISION. Use the space below to write the vision of your ministry (Attach a separate sheet if necessary.)

¹We do not consider this to be indicative of the measure of your ministry.

