



APPLICATION

PERSONAL INFORMATION			
Date:			
First Name:	Last Name:	MI:	
Home address:			
City:	State:	ZIP Code:	
Home Phone:	Mobile Phone:	Personal Email:	
Date of birth:			
MINISTRY INFORMATION			
Ministry Name:			
Ministry address:		Type of Ministry (church or outreach):	
Phone:	Ministry Email:	Ministry Phone/Fax:	
City:	State:	ZIP Code:	
Website:	Ministry emphasis:	Ministry Anniversary/Years Established:	
FIRST ASSISTANT/SECRETARY CONTACT INFORMATION			
Assistant's Name:			
Office Phone:		Mobile:	
Email Address			
Secretary's Name			
Office Phone:		Mobile:	
Email Address		Fax #	
SPOUSE INFORMATION			
Name:	Position in Ministry if any?	Date of birth:	
Email:	Mobile:	Wedding Anniversary	
LICENSE/ORDINATION ORGANIZATION			
Name of Ordaining Organization:			
Address:		Pastor's Name & Phone:	
Date Ordained			
City:	State:	ZIP Code:	
Name of Licensing Organization		Phone	
Address		Pastor's Name & Phone:	
City:	State:	ZIP Code:	
CHILDREN'S NAME			
Name	Date of birth:	Name	Date of birth:
Name	Date of birth:	Name	Date of birth:
SIGNATURES			
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.			
Signature of applicant:		Date:	
Signature of spouse <i>(only if for a joint membership)</i> :		Date:	