



Membership Application		
Applicant Information		
Name:		
Date of birth:	Home Phone:	Cell Phone:
Email address:		
Current address:		
City:	State:	ZIP Code:
Date Ordained to the Ministry:	By Whom:	
Ministry Information		
Name of the Ministry:		
Date Ministry was Founded:	No. of Members ¹ :	
Ministry Title/Position:	Name of Sr. Pastor if Different from Above:	
Address		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Vision of the Ministry (attach a separate sheet if necessary):		

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



Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: