



THE INTERNATIONAL FELLOWSHIP OF APOSTOLIC FAITH MINISTERS

MEMBERSHIP APPLICATION

PERSONAL INFORMATION

NAME: (Please include title)			
SPOUSE NAME :			
CHILDREN'S NAME AND AGES :			
1.			
2.			
3.			
MAILING ADDRESS			POST CODE
RESIDENCE			POST CODE
DATE OF BIRTH:	PLACE:	GENDER	
CITIZENSHIP :	I.D. No:	PASSPORT NO:	
CONTACT NUMBERS	T(O) EMAIL:	T(H) Fax	(H/P) OTHERS

CHURCH / MINISTRY NAME & ADDRESS :
WEB SITE

MINISTRY BACKGROUND AND EXPERIENCE:

(CHURCHES AND MINISTRIES YOU HAVE STARTED OR SERVED. YOUR MAIN CALLING:

EDUCATIONAL BACKGROUND

LIST ANY TRAINING OR EDUCATION YOU HAVE RECEIVED OR ANY COURSES YOU HAVE COMPLETED

COURSE	INSTITUTION	YEAR

WHAT IS YOUR PRESENT VISION?

PLEASE ENCLOSE A MISSION STATEMENT OF YOUR MINISTRY OR THE CHURCH YOU LEAD. YOU MAY USE A SEPARATE PIECE OF PAPER IF LENGTHY.

REFERENCES (2)

NAME & SIGNATURE	ADDRESS & TEL. NO.
1.	
NAME & SIGNATURE	ADDRESS & TEL. NO.
2.	

.....
SIGNATURE

NOTE:
PLEASE INCLUDE A QUALITY PHOTO OF YOURSELF AND YOUR SPOUSE, PREFERABLY A PROFESSIONALLY TAKEN MINISTRY PHOTO OF YOU BOTH (I.E. SEATED IN A STUDIO OR OUTDOORS; NOT ONE TAKEN WHILE YOU WERE MINISTERING). YOUR PHOTO WILL BE USED ON OUR WEB SITE AND DIRECTORY OF MEMBERS. ALSO, PLEASE ENCLOSE A PHOTO OF YOUR CHURCH (IF YOU ARE A PASTOR).