

Personal Information

Title/Name _____
Birthday (Month/Day) _____
Spouse's Title/Name _____
Spouse's Birthday (Month/Day) _____
Home Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Phone _____ Fax _____

Ministry Type (check one): Church Outreach

Name of Ministry _____
Ministry Street Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____
Ministry Phone _____ Fax _____
Ministry Postal/Mailing Address (if different than above) _____

City _____ State/Province _____
Zip/Postal Code _____ Country _____
Email _____
Website _____
Year Ministry Was Established _____
No. of Members _____ No. of Partners (if applicable) _____
How did you hear about us?
 Internet Search Church Service Brochure Magazine
 Friend/Ministry Colleague Specific Website _____
 Other _____

CHURCH/OUTREACH MINISTRY REQUIREMENTS

Application will not be processed without the following:

- Copy of Your Minister's License or Certificate of Ordination
- Ministry Biography including Statement of Belief
- Ministry Vision
- Photograph
- Suggested Donation of \$250.00 (not required)