

Faith Landmarks Ministerial Fellowship

Membership Application

(Please provide as much information as possible)

PERSONAL INFORMATION

Title/Name:

DOB (Month/Day):

Spouse's Title/Name:

Spouse's DOB (Month/Day):

Mailing Address:

City/State/Zip:

Country:

Preferred Phone:

Fax:

Email:

MINISTRY INFORMATION

Ministry Name:

Ministry Mailing Address:

City/State/Zip:

Country

Email:

Website:

Year Ministry Was Established:

Number of

Members/Partners:

Licensed? Yes No

Date Licensed:

Ordained? Yes No

Date Ordained:

Briefly describe ministry purpose:

HOME CHURCH INFORMATION

Church Name:

Member Since:

Positions Held at this Church:

Held Since:

Church Street Address:

City/State/Zip:

Country:

Church Phone:

Church Pastor's Name (if not you):

EDUCATIONAL INFORMATION (OPTIONAL)

Highest Degree Obtained?

Major Studied?

Attended Bible School or Seminary? Yes No

Name of Bible School or Seminary:

Number of years attended:

Degree Obtained? Yes No

MINISTRY EXPERIENCE AND GIFTS:

INTERESTS: