



Defenders

Of the Christian Faith Movement Inc.

APPLICATION FOR MEMBERSHIP ORDAINED MINISTER

Note: All applicants are reviewed by the Board of Directors and are subject to a background check. To facilitate the process, please complete this application fully and attach any required documents.

Date: ____ / ____ / ____

Name: _____

Date of Birth: ____ / ____ / ____ Birthplace: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell No.: _____ Email Address: _____

Marital Status: Single Married Separated Divorced Widow Remarried

Date of Conversion: ____ / ____ / ____

If applicable, please briefly share any relevant marital history:

Last year of schooling: _____ Current occupation (if applicable): _____

Seminary or Bible courses completed:

Church: _____

Church Address: _____

Are you a pastor? YES NO

Pastor's Name (If applicable): _____

Years as an active member: _____

If you were called to pastor, would you be willing to be sent elsewhere to pastor?

YES NO

Ministry of Service (choose one):

Pastor Evangelist Missionary Ordained Minister

Is your church in the process of affiliation? YES NO

If no, please explain:

If you are not the pastor of your church, explain the ministry that you carry out:

If you are leaving an organization, please explain:

Why would you like to become a credentialed member of our organization?

Have you read our Constitution and Bylaws? YES NO

- Attach to this application an essay of at least 250 words sharing your vision for the ministry.

Applicant's Signature

Pastor's Signature

Date: ____ / ____ / ____

FOR OFFICIAL USE:

Date: ____ / ____ / ____

Approved:

Denied:

Pending:

Credential Card No.: _____