

# International Ministries Network

## Ministrial Affiliaiton Application

NAME AND ADDRESS: PLEASE PRINT CLEARLY OR TYPE

DATE: \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Spouse \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male ( ) Female ( ) Married ( ) Single ( ) Divorced ( ) Widowed ( )  
Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IF PRESENTLY PASTORING:**

Name of Church \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IF NOT PASTORING:**

Ministry Name \_\_\_\_\_  
Briefly describe your ministry: \_\_\_\_\_  
Name of Church you are a member of: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Pastor \_\_\_\_\_ Church Phone ( ) \_\_\_\_\_

**CURRENT MINISTERIAL STATUS: ORDAINED ( ) LICENSED ( ) CHRISTIAN WORKER'S CERTIFICATE ( )**

Church/Organization granting credentials \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date Credentials granted \_\_\_\_\_  
Do you plan to retain your credentials with other credential issuing organizations? Yes ( ) No ( )

**CREDENTIALS APPLYING FOR: ORDINATION ( ) LICENSE ( ) CHRISTIAN WORKER'S CERTIFICATE ( )**

**MONTHLY OFFERING:** It is recommended that IMN Ministers send a monthly offering for the support of IMN missions and ministries around the world.

**PLEASE GIVE A REFERENCE OF AN ORDAINED MINISTER WHO KNOWS YOU WELL:**

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE GIVE TWO ADDITIONAL REFERENCES:**

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RETURN THIS APPLICATION WITH:**

1) \$100.00 Membership Dues (Check or Cash)

2) Recent Photograph

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**FOR IMN USE ONLY**

Date received \_\_\_\_\_ Amount received \$ \_\_\_\_\_  
Date Credentials approved \_\_\_\_\_ Certificate Mailed \_\_\_\_\_  
Processed by \_\_\_\_\_