

GOSPELLIFE INTERNATIONAL MINISTERIAL ASSOCIATION



MEMBERSHIP APPLICATION FORM

INSTRUCTIONS

• **PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION:**

1. Fill out this application CAREFULLY. Use typewriter or print in black ink. Return form to your Co-Ordinator.
2. Try to limit your remarks to the space provided, but answer ALL questions clearly and fully. Your application will be returned if any area is left blank. Should any answer require more space than is available, please use an additional sheet.
3. Where applicable TICK in appropriate boxes ()
4. If a question does not apply, write 'N.A.' (Not Applicable) in the space provided.

• **THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION.**

1. The non-refundable application and registration fee set by your region.
 2. The annual member fee as set by your region.
 3. Two CURRENT passport size photographs, head and shoulders ONLY (please attach).
 4. A copy of your ministry or church constitution
- The two enclosed Local Pastors/Ministers Recommendation Forms are CONFIDENTIAL and must be completed and returned to the Co-Ordinator by those you have listed as references in the application form. If possible, one recommending minister should already be a member of Gospellife International Ministerial Association.
- **PLEASE NOTE:** your application CANNOT be processed until the Co-Ordinator has received ALL of the above. Submitting this application form DOES NOT mean automatic membership of Gospellife International Ministerial Association. Please DO NOT state that you are a Gospellife International Ministerial Association member until you have received official written confirmation.

PERSONAL INFORMATION

Surname: _____ Title (Mr, Mrs, Rev, Dr etc): _____
 First Name: _____ Date of Birth: _____
 Current Address: _____
 City/State: _____ Post/Zip Code: _____ Country: _____
 Phone (landline and mobile): _____
 Name of Church/Ministry: _____
 Position: _____ How long in this position (yrs): _____
 Church/Ministry Address: _____
 City/State: _____ Post/Zip Code: _____ Country: _____
 Phone (landline and mobile): _____
 Your gender: Male Female Is your Church/Ministry in agreement with this application: Yes No

APPLICATION AS A CHURCH/MINISTRY

Name of Church/Ministry: _____
 Church/Ministry Address: _____
 City/State: _____ Post/Zip Code: _____ Country: _____
 Phone (landline and mobile): _____

SIGNATURE

I have read, understood and signed the memorandum of the articles of Gospellife International Ministerial Association and agree to any decisions made under the said articles by the appointed representatives.

Signature of applicant: _____

If Signing on behalf of Church or Ministry: _____ Position _____

Date: _____

OFFICIAL USE ONLY

Date application received: _____ Accepted Rejected Date Notified _____

Date Recommendation One Received: _____ Date Recommendation Two Received: _____

Comments: _____
