



# MEMBERSHIP APPLICATION

6000 Custer Rd Building 3

Plano, TX 75023-5100

972-517-3900

www.worldministry.com wmf@worldministry.com

ALL APPLICANTS

PLEASE PRINT OR TYPE THE INFORMATION BELOW

Type of credentials you are seeking (choose one):  License  Ordination  Recognition of Ordination

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Office ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

(If you are divorced or remarried to a divorcee, attach a letter with explanation of details.)

Spouse's name \_\_\_\_\_ Number of Children \_\_\_\_\_

Are you secularly employed? \_\_\_\_\_ If yes, position held \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_

Have you served in the Armed Forces? \_\_\_\_\_ (If other than an honorable discharge, explain on separate page.)

Have you ever been convicted of a felony? \_\_\_\_\_ (If yes, explain on separate page.)

What is the highest level of education attained?  Elementary  High School  College  Post college

Give a statement of your faith \_\_\_\_\_

Date of Salvation \_\_\_\_\_ Are you Baptized in the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_

What area of ministry do you feel God has called you? \_\_\_\_\_ (Attach details about your calling on a separate page.)

Present ministry responsibilities:  Pastor  Missionary  Evangelism  Christian Education  Other

Explain other \_\_\_\_\_

Give a brief explanation of your present ministry \_\_\_\_\_

Name of present ministry denomination or organization affiliation \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of your home church \_\_\_\_\_

What is your pastor's name & address? \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANTS SEEKING LICENSE  
COMPLETE THIS SECTION**

Are you presently licensed as a minister? If yes, by whom? \_\_\_\_\_

Date of License \_\_\_\_\_ Have you ever had your credentials withdrawn? \_\_\_\_\_

If so, when and for what reason? \_\_\_\_\_

Why do you desire to be licensed by World Ministry Fellowship? \_\_\_\_\_

Name member(s)\* of World Ministry Fellowship with whom you are acquainted.

\*Ask one of these members to send a letter of recommendation to WMF on your behalf. If you are not acquainted with someone in WMF, state that in the above blank and be sure that you have a pastor's recommendation.

I understand that I am required to make quarterly reports during the first year, and then an annual report at renewal time each year thereafter.  YES  NO

I understand that I will be placed under the oversight of an Ordained WMF minister.  YES  NO

I understand that I am expected to attend at least one Convocation before applying for Ordination.  YES  NO

**WMF LICENSED MEMBERS SEEKING ORDINATION  
COMPLETE THIS SECTION**

How long have you been licensed with WMF? \_\_\_\_\_

Who is your oversight minister? \_\_\_\_\_

Do you hold license with any other organization? \_\_\_\_\_ If Yes, Name & Address of organization \_\_\_\_\_

Are you in the full time ministry? & Yes & No If yes, where? \_\_\_\_\_

Why do you desire to be ordained with WMF? \_\_\_\_\_

Name members of WMF with whom you are acquainted. \_\_\_\_\_

I have attended at least one Convocation during my licensing period.  YES  NO

Ask your Pastor & your oversight minister to send letters of recommendation to WMF on your behalf.

**RECOGNITION OF ORDINATION APPLICANTS  
COMPLETE THIS SECTION**

(For Applicants currently ordained with another organization)

How long have you been in the ministry? \_\_\_\_\_ Are you in the ministry full time? \_\_\_\_\_

When were you Ordained a minister? \_\_\_\_\_ Why do you desire recognition of Ordination with WMF? \_\_\_\_\_

Give name and address of organization(s) with whom you have credentials. \_\_\_\_\_

Give name & address of organization(s) with whom you have had credentials in the past. \_\_\_\_\_

(Attach a copy of your present Ordination Certificate)

Have you ever had your credentials withdrawn? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Name members of WMF with whom you are acquainted. \_\_\_\_\_

Ask a WMF member and, if possible, another ministry person for letters of recommendation to WMF.

**STEWARDSHIP**

ALL APPLICANTS ANSWER THE FOLLOWING:

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| I understand that I am expected to attend the Annual Convocation of WMF.  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I will support the ministry of WMF with my prayers.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I understand that I am required to support WMF with monthly dues of \$30 or more.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I understand there is an annual credential renewal fee of \$35.   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Is your home in order according to I Timothy 3:1-7?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Is your spouse in total agreement with the call and performance of your ministry?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| I understand that if at the time I join WMF I am 70 years of age or older, I do not qualify for the Survivor's Assistance Fund. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

I hereby certify the above questions are answered to the best of my ability and knowledge:

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*The following is a checklist for the requirements NECESSARY for processing this application:*

- Enclose a current photograph of yourself only.
- Details concerning marriage status (if applicable).
- Letter of recommendation from a WMF member if you know one.
- Letter of recommendation from your pastor.
- \$35 application fee. (Non-refundable)
- Explanation of felony conviction (if applicable).
- Explanation of military discharge if other than honorable.
- Copy of your present ordination certificate if applying for recognition of ordination.
- Enclose a statement in regard to your call to the ministry

Would you like information on bringing your church or ministry under the 501(c)(3) covering of WMF? \_\_\_\_\_

**FOR OFFICE USE ONLY**

State Director \_\_\_\_\_

Date Interviewed \_\_\_\_\_

Place Interviewed \_\_\_\_\_  
City State

Assigned Oversight Minister for Licensed Applicants:

\_\_\_\_\_

**INTERVIEWED BY:**

\*

Approved

Rejected

\*\*

Signature

\*\*\*

Signature

Signature

**Each interviewer give a brief evaluation of the applicant next to the corresponding asterisk**

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