



SPOUSAL 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

Name _____ Male _____ Female _____

Name of Spouse _____

Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Office: (____) _____ Cell: (____) _____

E-Mail Address _____

Date of Birth _____ Place of Birth _____ Number of Children: _____

Children's Name(s):	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you in agreement with and supportive of your Spouse's ministry? _____

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

Give your statement of faith _____

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is your spouse in agreement with you becoming a member? | YES | NO |
| Do you understand that you are required to support WMF with monthly dues of \$10 or more? | YES | NO |
| Do you understand that you are expected to attend the Annual Convocation of WMF? | YES | NO |
| Do you understand that this is not ministerial credentials? | YES | 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. | YES | NO |

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

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Approved Rejected

APPLICATION REVIEWED BY:

Signature _____ Date _____ Signature _____ Date _____