



worldministry
FELLOWSHIP

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Date of License _____ Have you ever had your credentials withdrawn?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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