



# CALVARY CHRISTIAN FELLOWSHIP International Ministries, Inc.

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## Application For Ministerial Affiliation

**Instructions: This application must be completed and returned with a \$100 fee along with a current photograph.**

Name *(Please Print)* \_\_\_\_\_ Phone \_\_\_\_\_ Publish? (y/n) \_\_\_\_

Email Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Single  Married  Divorced  Widowed

**Ministerial Status Desired:**  Ordained  Licensed  Exhorter  Special Ministries

Have you previously held ministerial credentials? \_\_\_\_\_ *(If yes, please furnish the following information)*

Type of credentials held \_\_\_\_\_

Original Date of credentials \_\_\_\_\_

Church or Organization \_\_\_\_\_

Address of above Organization \_\_\_\_\_

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

In what field of ministry are you presently engaged? \_\_\_\_\_

Please give a brief history of your ministerial experience \_\_\_\_\_

Will you do your best to be an active part of Calvary Christian Fellowship? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Sponsorship Information

Sponsor \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

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

*I have known the applicant for \_\_\_\_\_ years. Please give a brief history of the applicant:* \_\_\_\_\_

***I understand as a sponsor of the applicant, I assume responsibility for any disciplinary action.***

Date \_\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_