



Dear Ministerial Applicant:

Throughout the years men and women of God have understood the importance of faith, family and fellowship. In our personal lives and in our individual ministries we crave the same things: strong faith, a trusted family and rich fellowship.

The International Convention of Faith Ministries started with a clear mandate - bring leaders of "like precious faith" together. Since its beginning in 1979 leaders like Kenneth Hagin, Jerry Savelle, Kenneth Copeland, Fred Price and many others have served as trustees sharing their insight and faith with ministries worldwide.

The vision of ICFM is to **Propagate, Hold Forth, and Contend for the Word of Faith Worldwide**. We can accomplish this by providing fellowship, inspiration and training. There are area meetings, regional conventions and our International Convention each year. These conventions are the keys to receiving all that your membership with ICFM can provide. When you take the time to allow the Holy Spirit to refresh you and come together with other leaders, you can multiply your effectiveness many times. Also, our quarterly magazine, *The Faith Report*, will build you up and keep you up to date on the current events in ICFM.

The enclosed membership application and recommendation form can be your first step into a family of ministries. Your application along with the letter of recommendation will be reviewed as they arrive and you will be notified by return mail when your approval is complete. If you might need assistance in locating a sponsor for your application, please contact the ICFM office at (877) 348-4236 and we will refer you to an ICFM member in your area.

Thank you for your interest in ICFM. As we join together in faith God will command His blessing upon us.

In Him,

A handwritten signature in black ink that reads 'Dr. Jim Willoughby'.

Dr. Jim Willoughby
ICFM President

For Office Use:

Rec'd _____
Fee _____
Ackn _____
Appr _____
Card _____
Cert _____
No _____

MEMBERSHIP APPLICATION

INTERNATIONAL CONVENTION OF FAITH MINISTRIES, INC.

5500 Woodland Park Blvd.
Arlington, Texas 76013

**PLEASE
ATTACH
PHOTO
HERE**

1. Fill out this application **completely**. Be sure to sign it and attach a recent photo for identification purposes. (Snapshots are acceptable.)
2. Send or give the **sponsor recommendation letter** and envelope to the person who will recommend you. Ask them to mail it back to the ICFM office. The sponsor letter must be submitted by a **current member of ICFM**. In addition, two personal references from a minister and a businessman are required to complete the application.
3. Enclose a **copy of your license and/or ordination certificates** and current wallet card if applicable.
4. Enclose initial **application fee** (U.S. funds) with this application.

\$150 March/April/May \$112.50 June/July/Aug \$75 Sept/Oct/Nov \$187.50 Dec/Jan/Feb

ICFM membership is renewable each February for a fee of \$150.00 member/\$50 spouse (U.S. funds).

Applications submitted in Dec/Jan/Feb will receive membership through the following membership year.

This fee is non-refundable despite acceptance or rejection and all forms and information are property of ICFM.

An applicant's **spouse** may apply for membership at a reduced fee. A separate application for the spouse and credentials are required.

\$50 March/April/May \$37.50 June/July/Aug \$25 Sept/Oct/Nov \$62.50 Dec/Jan/Feb

Rev. Pastor Dr. Min. Mr. Mrs. Ms. Date of Application _____

Name _____

Church/Ministry Name _____ Avg. Attendance _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Res. Address _____ Res. Phone () _____

City _____ State _____ Zip _____

Office Phone () _____ Fax () _____

E-mail Address _____ Web Site _____

When Were You Born Again? _____ When Were You Filled with the Holy Spirit? _____

Single _____ Married (date) _____ Divorced (date) _____ Remarried (date) _____ Widowed (date) _____

Date of Birth _____ Number of Dependent Children _____ Are you an U.S. citizen? _____

Spouse's Name _____ Spouse's Date of Birth _____

Present Ministerial Status:

Church Licensed by: _____ Date _____ Tel. _____

Church Address _____ City _____ State _____ Zip _____

Church Ordained by: _____ Date _____ Tel. _____

Church Address _____ City _____ State _____ Zip _____

What Church, Fellowship or Organization have you carried ministerial papers with? (If different from above) _____

LICENSING AND ORDINATION POLICY

ICFM does license and ordain ministers. Please contact the ICFM office for additional information on licensing and ordination. Any minister joining ICFM must indicate what church or denomination has granted his/her license or ordination. The membership committee reserves the right to require a personal appearance of the applicant before determination is given.

Please check current ministry function: (maximum of 3)

- | | | |
|--|--|--|
| <input type="checkbox"/> AD - Administrator (Church/School/Camp) | <input type="checkbox"/> HE - Helps | <input type="checkbox"/> PM - Prison/Jail Minister |
| <input type="checkbox"/> AM - Associate Minister | <input type="checkbox"/> IN - Inactive in Ministry | <input type="checkbox"/> PR - Prophet |
| <input type="checkbox"/> AP - Apostle | <input type="checkbox"/> MC - Military Chaplain | <input type="checkbox"/> SM - Singles Minister |
| <input type="checkbox"/> AS - Assistant or Associate Pastor | <input type="checkbox"/> MI - Missionary | <input type="checkbox"/> ST - Bible School Student |
| <input type="checkbox"/> CM - Children's Minister | <input type="checkbox"/> MM - Music Minister | <input type="checkbox"/> TE - Teacher |
| <input type="checkbox"/> EV - Evangelist | <input type="checkbox"/> PA - Pastor | <input type="checkbox"/> YM - Youth Minister |
| <input type="checkbox"/> HC - Hospital Chaplain | <input type="checkbox"/> PC - Police Chaplain | <input type="checkbox"/> OT - Other |

Helps (Please explain) _____ Other (Please explain) _____

Activity: Full-Time Part-Time Inactive Retired

List schools (Bible, trade, correspondence, college) and year of completion: _____

Other preparations or experience (churches pioneered or pastored, evangelistic meetings, etc.): _____

Employment if not in full-time ministry _____

Name and address of your Pastor _____

Have you ever had any civil judgments or criminal proceedings against you? _____

If so, please explain: _____

Are there currently any judgments against you? _____ If so, please explain: _____

Name and address of sponsor who will submit recommendation:

Sponsor _____

Name and address of two (2) personal references: (Please include phone numbers)

Minister _____

Businessman _____

I understand that by joining I will be subject to the Articles of Incorporation, Bylaws, Corporate Board Resolutions and the Statement of Faith of ICFM.

Will you do your best to be an active part of this convention? _____

Check your payment option:

Payment of the application fee may be made in 4 monthly credit card installments.

Enclosed is my check for \$_____.

Please charge my credit card (Mastercard, Visa, American Express, Discover) in the amount of \$_____.

Name on Account: _____

Account Number: _____ Exp. Date: _____

Applicant's Signature _____



International Convention of Faith Ministries, Inc.
 5500 Woodland Park Blvd.
 Arlington, Texas 76013
 (817) 451-9620

CONFIDENTIAL QUESTIONNAIRE

*Sponsor's Recommendation
 For Membership*

I have known _____ for a period of _____ years.

Address _____

I have known the applicant as a minister friend relative other

The relationship was intimate casual professional

To the best of my knowledge and judgment, the applicant is: (check one in each line)

	Excellent	Good	Fair	Questionable	Poor
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, does the applicant exhibit a "call" to the ministry? Yes No

To your knowledge, has the applicant ever been involved in heresy? Yes No

Explain _____

Comments _____

I, without reservation, recommend the above named minister to ICFM, being well acquainted with his/her life and ministry. I fully understand that I will be contacted as the disciplinary agent should need for this arise and will assume this responsibility now.

Date _____

Signature _____

ICFM ID # _____

Print Name _____

Address _____

City, State Zip _____