

MEMBERSHIP APPLICATION: MINISTRY MEMBER

(2 pages)



Name _____

Title: Revd./Pastor/Elder/Deacon/Dr./Other(specify): _____
(circle the relevant or fill in the blank)

Place of Work _____

Address _____

Mobile _____ Telephone _____ Fax _____

Email _____ Website _____

Position/Designation: _____

Home

Address _____

Mobile _____ Telephone _____ Fax _____

Email _____

Personal Profile

Age Group (circle answer): Below 30; 31 to 40; 41 to 50; 51 to 60; 61 & above

Highest Theological Qualification : _____

Name of Institution, city & country:

Highest Educational/Professional Standard (if not the same as above):

Name of Institution; city & country:

Marital Status (circle answer): Single / Married / Divorced / Separated/ Widowed

If Married - Name of Spouse: _____

If with Children - Name(s) of Children

Work Portfolio; Gifts & Ministry Areas:

Area(s) of Interest for joining The Joshua Mission:

My Agreement

We agree to the purpose & doctrinal position of the Joshua Mission and commit to working constructively with fellow members & the leadership according to it's operating procedures to realise its mission.

_____ Date of Application: _____
Signature

The following section is **NOT** to be filled by the Applicant.
It is for a relevant Membership Approving Authority of The Joshua Mission to fill if Application is accepted.

The Joshua Mission Membership Approving Authority

Approved by

ONE of the following section MUST be Signed to approve the application:

The Local Membership Committee of _____ (name of LG & country)
Names with Signatures of LMC Chairman & ALL Members of the Committee

The Country Leader/Zone Coordinator/National Coordinator (circle one) of

_____ (name of country)
Name of Leader/Coordinator _____

Signature _____

Other Approving Authority (specify)

Name _____

Position _____

Signature _____

Date of Approval: _____