



Federation of Ministers & Churches International

MEMBERSHIP APPLICATION FORM FOR FMCI

Date: _____

Name:

Spouse' name: _____

Birthdays of both: (month/day only). _____

Position: _____

Church or Ministry Name: _____

Address: Home _____

Business: _____

Office Ph: _____ *Home Ph:* _____

Cell Ph: _____ *Fax Ph:* _____

Children's names and ages: _____

E-mail address: _____

Web site: _____

◆ Please include a quality photo of you and your spouse, preferably a professionally taken ministry photo of you both (i.e. seated in a studio or outdoors; not one taken while you were ministering). Your photo will be used on our FMCI web site and FMCI directory of members. Also, please enclose a photo of your church (if you are a pastor).

◆ Ministry background and experience: (churches and ministries you have started or served; your main calling among the Ephesians 4:11 gifts).

◆ Educational background (schools attended, graduated from, present training)

◆ *What is your present vision?*

◆ *Please enclose a mission statement of your ministry or the church you lead.*

◆ *Please list any references you have.*