

EAGLE WORLDWIDE NETWORK OF MINISTRIES

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APPLICATION FOR CHURCH / MINISTRY SHORT FORM

Fees & Necessary Documentation(s) MUST accompany application

Application Date: _____

PLEASE PRINT

INFORMATION ON APPLICANT:

Church/Ministry Name: _____

Mailing Address: _____ City: _____

Prov/State _____ Postal/ZIP Code: _____ Country: _____

Website: _____ Email: _____

Church Phone (_____) _____ - _____ Fax (_____) _____ - _____

When was church/ministry established as a Not-for-Profit Organization: _____

When was church/ministry actively started: _____

What is the location of your meetings/services (Please give building type and address):

Please list the names, phone numbers, and tenure of organizations Board of Directors:

Has this church/ministry (or its ministry staff) ever been involved with legal, moral, or ethical misconduct? _____ If yes, please explain (use back of paper is necessary):

PASTOR / MINISTER'S INFORMATION:

Pastor / Minister's Name: _____

Address: _____ City: _____

Prov/State _____ Postal/ZIP Code: _____ Country: _____

Home Phone (____) _____ - _____ Email: _____

Cell Phone (____) _____ - _____

Are you the Church/Ministry's Founding Pastor/Minister? _____

If no, who was? _____

How long have you been this organizations pastor/minister? _____

Are you currently an ordained minister? _____ If no, please explain: _____

If you are ordained, who holds your credentials: _____

Please attached a copy of credentialing certificate to this application

Have you ever been involved with illegal drugs or been convicted of a crime? _____

If yes, please explain:

Additional comments and remarks you would like to share with us may be made on the reverse

**A \$25.00 application, *in addition* to your annual fee of \$100.00
must accompany application**

Thank you for your interest in Eagle Worldwide Network of Ministries.

It will be our pleasure to prayerfully consider your application.

For office use only:

Application Rec'd: _____ Application Fee Rec'd: _____ Annual fee Rec'd: _____

Acceptance Approved by: _____ Date: _____

"Credentialing" Ceremony Scheduled for: _____ Location: _____

Certificate Given:

Expires On: