



INTERNATIONAL CONVENTION OF FAITH MINISTRIES

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 monthly communication 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 recommendation form, will be reviewed as they arrive and you will be notified by email when your approval is complete. If you have any questions or need assistance with the application, please contact the ICFM office by phone (817.451.9620) or by email (member@icfm.org).

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

In Him,

Dr. Jim Willoughby
ICFM President

For Office Use:

Rec'd _____
Fee _____
Comp _____
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 **both sides** of the application **completely**. Be sure to sign it and attach a **recent photo** for identification purposes.
2. Send or give the **minister's recommendation form** and envelope to the person who will recommend you. Ask them to mail or email it back to the ICFM office.
3. Enclose a **copy of your current license and/or ordination certificates**, as well as a wallet card if available.
4. Enclose an **application fee** with this application. The application fee is pro-rated according to the date when submitted:

\$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. The **spouse application fees** are as follows (pro-rated according to the quarter):

\$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. # in Attendance _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Res. Address _____ Mobile 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 _____ Are you a U.S. citizen? _____

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

Current Ministerial Status:

Church/Ministry Licensed by: _____ Date _____ Tel. _____

Address _____ City _____ State _____ Zip _____

Church/Ministry Ordained by: _____ Date _____ Tel. _____

Address _____ City _____ State _____ Zip _____

What Church, Fellowship or Organization have you previously carried ministerial papers with? _____

LICENSING AND ORDINATION POLICY

ICFM licenses and ordains 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 current 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(s):

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

* Other (description): _____

Ministerial 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 been charged with, convicted of, or pled no contest to any crime? _____

If so, please explain: _____

Have you ever been sued? _____ If so, please explain: _____

ICFM does not accept nor approve membership applications from an individual who is a registered sex offender or who has a felony sexual assault conviction.

Name and address of the minister who will submit recommendation:

Names, addresses and phone numbers for two (2) additional personal references:

Minister _____

Businessman _____

I understand that by joining I will adhere to the ICFM Statement of Faith (available for review on the ICFM website).

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

Applicant's Signature _____

Check your payment option:

Enclosed is my check for \$_____.

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

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

Name on Account: _____

Account Number: _____ Exp. Date: _____



International Convention of Faith Ministries

5500 Woodland Park Blvd.

Arlington, Texas 76013

(817) 451-9620

CONFIDENTIAL QUESTIONNAIRE

Minister's Recommendation For Membership

I have known _____ for a period of _____ years.

Address _____

I have known the applicant as a: minister friend relative other

To the best of my knowledge and judgment, the applicant is:

	Excellent	Good	Fair	Poor	Don't Know
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?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Explain _____

Comments _____

I, without reservation, recommend the above named minister to ICFM, being well acquainted with his/her life and ministry.

Signature _____ Date _____

Print Name _____

Ministry Name _____

Address _____

Tel. _____ Email _____

Please return the recommendation form directly to the ICFM office by mail (5500 Woodland Park Blvd., Arlington, TX 76013) or by email (member@icfm.org).