



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 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 email 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,

Dr. Larry Ollison  
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. (Snapshots are acceptable.)
2. Send or give the **sponsor recommendation form** and envelope to the person who will recommend you. Ask them to mail it back to the ICFM office. The sponsor form must be submitted by a **current member of ICFM**.
3. Enclose a **copy of your current license and/or ordination certificates**, as well as a wallet card if available.
4. Enclose an initial **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 had any civil judgments or criminal proceedings against you? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Are there currently any judgments or criminal proceedings against you? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

### Name and address of sponsor who will submit recommendation:

Sponsor \_\_\_\_\_

### 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, 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 \_\_\_\_\_

ICFM ID # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_