



# Membership and Credential Application

International Fellowship of Christian Ministries, Inc.

P.O. Drawer 236 | Mt. Dora, Florida 32756-0236

Phone: (352) 383-4777

Fax: (352) 735-1084

Web: www.ifcmglobal.org

EMAIL: admin@ifcmglobal.org

## ALL APPLICANTS

Please print the information below  
and fill in all the applicable fields after Page 1.

Please circle type of credentials you are seeking: Visitation License Ordination Associate Membership

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phones: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Please circle Marital Status: Single Married Divorced Widowed (If you are divorced, please explain on a separate sheet.)

Spouse's Name \_\_\_\_\_

Do you work outside the Ministry? \_\_\_\_\_ If yes, please state occupation \_\_\_\_\_

Name & Address of Employer \_\_\_\_\_

Have you ever served in the Armed Forces? \_\_\_\_\_ (If other than honorable discharge, please explain on separate sheet.)

Have you ever been convicted of a felony? \_\_\_\_\_ (If yes, please explain on a separate sheet.)

Please circle highest level of education attained? Elementary High School College Post College Other

Explain Other \_\_\_\_\_

Give a statement of your faith \_\_\_\_\_

Date of Salvation \_\_\_\_\_ Are you baptized in the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_

What area of Ministry do you feel God has called you to? \_\_\_\_\_ (Attach details about your calling on a separate page.)

Please circle present Ministry responsibilities: Pastor Missionary Evangelism Christian Education Other

Explain Other \_\_\_\_\_

Give a brief description of your present Ministry \_\_\_\_\_

Name of present ministry denomination or organization affiliation \_\_\_\_\_

Name of your home church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Phone \_\_\_\_\_

Are you interested in IFCM Mission Trip Opportunities? \_\_\_\_\_

## Applicants seeking IFCM Ministry License Complete this Section

Are you presently Licensed as a Minister? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Have you ever had your credentials withdrawn? \_\_\_\_\_

If so, when and for what reason? \_\_\_\_\_

How did you find IFCM? \_\_\_\_\_

If you are acquainted with a member of IFCM, please give their Name and contact phone \_\_\_\_\_

If you are not acquainted with someone in IFCM, please state that in the lines above and be sure to have your pastor's information complete.

### Ministry References

**Please list a Personal Reference along with your Pastor's Name and Contact Phone number.**

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Contact Phone \_\_\_\_\_

### Pastoral Recommendation

Name \_\_\_\_\_

Ministry Name \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_

I understand that I am to make an annual ministry report. YES    NO

I understand that I am expected to attend at least one IFCM Conference before applying for Ordination. YES    NO

## IFCM Licensed Credential Holders Seeking Ordination Complete this Section

How long have you been licensed with IFCM? \_\_\_\_\_

Do you hold a Ministry License with any other organization? \_\_\_\_\_ If yes, Name and Address of organization \_\_\_\_\_

Are you in full time ministry? \_\_\_\_\_

Why do you desire to be ordained with IFCM? \_\_\_\_\_

Name of members of IFCM with whom you are acquainted. \_\_\_\_\_

I have attended at least one IFCM Conference during my licensing period. YES    NO

### Ministry References

**Please list a Personal Reference along with your Pastor's Name and Contact Phone number.**

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Contact Phone \_\_\_\_\_

### Pastoral Recommendation

Name \_\_\_\_\_

Ministry Name \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_

**Applicants seeking IFCM Ordination Credentials  
Complete this Section**

How long have you been in the ministry? \_\_\_\_\_ Are you in the ministry full time? \_\_\_\_\_

Why do you desire Ordination credentials with IFCM? \_\_\_\_\_

Do you hold Ordination credentials with another organization? \_\_\_\_\_ If yes, Name and Address of organization \_\_\_\_\_

Have you ever had your credentials withdrawn? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Name of members of IFCM with whom you are acquainted. \_\_\_\_\_

**Ministry References**

**Please list a Personal Reference along with your Pastor's Name and Contact Phone number.**

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Pastoral Recommendation**

Name \_\_\_\_\_

Ministry Name \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_

I understand that as an Ordained Minister of IFCM I am expected to attend at least one IFCM Conference YES    NO

**Applicants seeking to be an IFCM Affiliate Ministry  
Complete this Section**

What is the Name of your Ministry? \_\_\_\_\_

Mailing Address \_\_\_\_\_

How long have you been working in your current ministry? \_\_\_\_\_ Do you hold weekly services? \_\_\_\_\_

Please list Community Services and/or Evangelistic Outreach Programs \_\_\_\_\_

Does your ministry support missions? \_\_\_\_\_ If yes, what countries are you currently involved in? \_\_\_\_\_

Name of members of IFCM with whom you are acquainted. \_\_\_\_\_

Please submit copies of your Articles of Incorporation.

I understand that as an Affiliate Ministry of IFCM I am expected to attend at least one IFCM Conference YES    NO

# Applicants seeking to be an IFCM Associate Members Complete this Section

(For Applicants currently ordained or licensed with another organization who are not seeking Ministry Credentials.)

How long have you been in the ministry? \_\_\_\_\_ Are you in the ministry full time? \_\_\_\_\_

Why do you desire to become an Affiliate Member of IFCM? \_\_\_\_\_

How did you find IFCM? \_\_\_\_\_

Name of members of IFCM with whom you are acquainted. \_\_\_\_\_

Do you hold Ordination credentials with another organization? \_\_\_\_\_ If yes, Name and Address of organization \_\_\_\_\_

I understand that as an Affiliate Member of IFCM I am expected to attend at least one IFCM Conference YES NO

## DILIGENCE

ALL APPLICANTS PLEASE ANSWER THE FOLLOWING

I understand that I am expected to attend at least one IFCM Conference YES NO

I will support IFCM with 1% of my yearly income YES NO

I understand there is an annual credential renewal fee of \$25 YES NO

### Applicant Signature

I, \_\_\_\_\_ hereby apply for ministerial recognition by International Fellowship of Christian Ministries, Inc. and grant permission to pursue by investigation all facts hereto stated. Permission is granted to request information concerning pastoral or personal recommendations as needed.

\_\_\_\_\_  
Signature/Date

We believe there are other God-called fellowship, organizations, and associations of which International Fellowship of Christian Ministries, Inc. is one of many. International Fellowship of Christian Ministries, Inc. maintains the right to deny, revoke, repossess or withhold ministerial credentials and/or affiliate membership.

I understand that all items related to this application are submitted to IFCM are a part of the application process and become the permanent property of IFCM and will not be returned to me. I hereby state that all the information contained in this application is correct and true. If IFCM is notified that any information contained herein is false, it will be grounds for my immediate dismissal. I also understand that completion of this application in no way guarantees or implies acceptance as a member of IFCM.

\_\_\_\_\_  
Signature/Date

\*\* There is a non-refundable application fee of \$50.00. Please submit with your application. There is also an annual renewal fee to pay for secretarial duties and materials in reference to processing of credentials. Please make your checks payable to International Fellowship of Christian Ministries (IFCM).

If you would like to pay by Credit Card, we would be happy to take your payment over the phone. For your convenience, we accept, VISA, MASTERCARD, AMERICAN EXPRESS and DISCOVER.

**(352) 383-4777**



Mailing Address: International Fellowship of Christian Ministries  
P.O. Drawer 236 - Mt. Dora, Florida 32756-0236  
Phone: 352-383-4777 Fax: 352-735-1084

**Questions or Comments? Feel free to contact IFCM at: [admin@ifcmglobal.org](mailto:admin@ifcmglobal.org)  
Or Visit Us Online at: [www.ifcmglobal.org](http://www.ifcmglobal.org)**