

Appendix “F”: Membership Application Form

Membership Application Form



PERSONAL INFORMATION

Full Name:

Date of Birth:

Spouse's Name: (if applicable)

Street Address:

City:

Province/State:

Postal/Zip Code:

Country:

Home Phone:

Cell Phone:

Email Address:

CHURCH/Ministry INFORMATION
(If different from the above)

Church/Ministry Name:

Contact/Administration Person (if different from senior leader):

Mailing Street Address:

City:

Province/State:

Postal/Zip Code:

Country:

Meeting Place (description/address if different then mailing):

Church Phone:

Fax Number:

Church Email Address:

Web Page address:

Ministry Information

In which of the five-fold Ministry offices do you operate? (Circle applicable office/offices)

Apostle, Pastor, Teacher, Prophet, Evangelist

Or, are you:

- An Elder
- A Ministry in Training
- A Missionary applying for Individual Membership
- A Missionary associated with: _____
(name of LifeLinks church/Sponsor)
- A Youth Pastor/Worker
- A Christian Worker
- Other (describe): _____

Do you hold beliefs that are contrary to the accepted charismatic/evangelical position?

YES _____ NO _____

Do you currently hold credentials with a government-recognized group or denomination?

YES _____ NO _____

If yes, which one? _____

Do you understand that your acceptance by *LifeLinks* and your involvement with the Fellowship is dependent upon your ongoing vital relationship with a *LifeLinks* Sponsor?

Sponsor's Name: _____

Apostolic Overseer (if different from Sponsor): _____

If you desire your ministry's leadership team members listed in the *LifeLinks* directory, please attach with this application a sheet listing their/spouse's names, address, phone number, and email addresses where applicable.

Please check one of the following that this application represents:
*(not applicable to missionaries/Associated Ministries connected to a *LifeLinks* church/member)*

Membership Fees:	
<input type="checkbox"/> International (non-NA/European scale)	\$ 25.00
<input type="checkbox"/> Individual Member /Couple	\$ 100.00
<input type="checkbox"/> Church with 40 or less people	\$ 200.00
<input type="checkbox"/> Church with 40-70 people	\$ 500.00
<input type="checkbox"/> Church with 70-150 people	\$ 750.00
<input type="checkbox"/> Church with 150-250 people	\$1000.00
<input type="checkbox"/> Church with 250-350 people	\$1500.00
<input type="checkbox"/> Church with 350-500 people	\$2000.00
<input type="checkbox"/> Church with 500-1000 people	\$2500.00
<input type="checkbox"/> Church with over 1000 people	\$3000.00

Please write and attach a brief testimony (you may do this on a separate sheet).

I have read and understood the information presented by the *Introductory Information booklet* and wish to apply for Membership of *LifeLinks International Fellowship Inc.*

Signed: _____ Date: _____

Please send the application form to:
LifeLinks International Fellowship Inc.

Canada/USA:
2202 8th Ave. N.
Regina, SK. S4R 7T9
Canada

Europe:
217 Handsworth Rd.
Sheffield, South Yorkshire
S13 9BH United Kingdom

Pacific Rim/Mexico:
20394 San Miguel Ave.
Castro Valley, CA 94546
USA

For Office Use Only...

Approved by: _____
Apostolic Council Representative

Date of Approval