

# FIVE FOLD MINISTRIES INTERNATIONAL

**CONFIDENTIAL**



PO Box 6322, Westgate, 1734  
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Email: admin@fivefold.co.za Website: www.fivefold.com

Attach your  
passport-size  
photo here

## MEMBERSHIP APPLICATION FORM

FOR FFMI USE ONLY

APPROVED: Yes No

SIGNED:

DATE:

Member no:

This Application Form and two Recommendation Forms must be completed and returned to the above address accompanied by a signed "Statement of Faith". Membership approval will be subject to the agreement of all serving FFMI board members. Membership fees amount to 2% of your ministry's monthly income.

### A. PERSONAL INFORMATION

1. **NAME OF APPLICANT:** Surname (Family name) \_\_\_\_\_  
First names in full \* \_\_\_\_\_ \*What name are you known by? \_\_\_\_\_  
Maiden name (Married women) \_\_\_\_\_ TITLE: Mr Ms Mrs Miss Rev Dr Other \_\_\_\_\_

2. **CONTACT NUMBERS:**

Home:	Area code( )	Work:	Area code( )
Fax:	Area code( )	Cell:	

3. **ADDRESSES:**

Email:	
Residential:	
Postal:	Postal code:

4. **BIRTH DATE:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:** Male Female

5. **IDENTITY / PASSPORT No:** \_\_\_\_\_ **HOME LANGUAGE:** \_\_\_\_\_

6. **NATIONALITY:** South African Other (Specify): \_\_\_\_\_

7. **SPOUSE DETAILS**

Name:		ID No:	
Home Tel No	Area code( )	Work Tel No	Area code( )
Fax No	Area code( )	Cell Tel No	

8. **HAVE YOU EVER BEEN DIVORCED?** Yes No  
If Yes, how many times and when: \_\_\_\_\_

9. **DO YOU HAVE A CRIMINAL RECORD?** Yes No  
If Yes, reason: \_\_\_\_\_

10. **ARE YOU INVOLVED IN SECULAR WORK?** Yes No  
If Yes, occupation: \_\_\_\_\_

### B. CHURCH INFORMATION

1. **NAME OF CHURCH:** \_\_\_\_\_

2. **CONTACT NUMBERS:**

Office:	Area code( )	Fax:	Area code( )
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3. **ADDRESSES:**

Email:	
Residential:	
Postal:	Postal code:

### C. MINISTERIAL INFORMATION

**1. THEOLOGICAL STUDIES:**

COURSE	CHURCH / INSTITUTION	STUDY PERIOD	
		From	To

2. DO YOU HAVE A DEFINITE CALL TO THE FIVE FOLD MINISTRY? Yes No

3. ORDAINED? Yes No

If Yes, by who? \_\_\_\_\_

4. MARRIAGE OFFICER? Yes No If Yes, license number: \_\_\_\_\_

Licensed with? \_\_\_\_\_

5. MINISTRY GIFT? \_\_\_\_\_

6. HOW LONG HAVE YOU BEEN IN FULL-TIME MINISTRY? \_\_\_\_\_

7. POSITION HELD AT PRESENT MINISTRY? \_\_\_\_\_

8. HOW LONG HAVE YOU BEEN AT THIS PRESENT MINISTRY? \_\_\_\_\_

### D. ADDITIONAL INFORMATION

1. HOW MANY REGISTERED CHURCH MEMBERS DO YOU HAVE? \_\_\_\_\_

2. WHAT IS YOUR SUNDAY CHURCH ATTENDANCE IN TOTAL? \_\_\_\_\_

3. HAVE YOU EVER BEEN SEQUESTERED? \_\_\_\_\_

4. WHAT IS YOUR MINISTRY'S AVERAGE MONTHLY BUDGET? \_\_\_\_\_

5. WHAT IS YOUR MINISTRY'S AVERAGE MONTHLY INCOME? \_\_\_\_\_

6. ARE YOU WILLING TO MAKE A MEANINGFUL CONTRIBUTION OF AT LEAST 2% OF YOUR MINISTRY'S MONTHLY INCOME TO FFMI?

Yes No

If No, reason: \_\_\_\_\_

### E. RECOMMENDATIONS

**MINISTERS COMPLETING YOUR RECOMMENDATION FORMS:** (Please attach the 2 recommendation forms)

1. Pastor's name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel No Home: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Work: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_

Fax: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Cell: Int code(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

2. Pastor's name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel No Home: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Work: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_

Fax: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Cell: Int code(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

### F. DECLARATION

I \_\_\_\_\_ hereby undertake to submit myself fully to the spiritual authority of Five Fold Ministries International, which I believe was given by the Lord. I acknowledge the Holy Bible as the Word of God as preached by F.F.M.I. to be the final authority and yard stick in the event that discipline should be exercised over me. I understand that this declaration is for my own protection and the Church of the Lord Jesus Christ. Furthermore, I fully agree with the "Qualifications and Terms of Expectations" as stipulated with this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_