



THE MIDWIFE GLOBAL FELLOWSHIP LLC.

Application for Membership

(PLEASE PRINT)

State _____ City _____ Country _____

Desired Affiliation / Acknowledged Title

	Church		Elect-Bishop		License Minister
	Ministry		Ordained Senior Pastor		Minister In Training
	Affirmed Apostle		License Pastor		Adjutant
	Un-Affirmed Apostle		Evangelist		Deacon/Deaconess
	Prophet/Prophetess		Ordained Elder		Armorbearer
	Bishop		License Elder		Individual Layperson

Personal Data

Name _____ Application Date _____

Street Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home Fax: (____) _____ Email _____

Spouse's Name _____

Ministry Data

Name of Church/Ministry _____ Date Organized _____

Senior Pastor's Name _____

Street Address _____ City _____ State _____ Zip _____

P.O. Box Address _____ City _____ State _____ Zip _____

Church Phone: (____) _____ Church Fax: (____) _____ Approx. Membership: _____

Ministry Questionnaire

Date you started serving as Senior Pastor of this church: _____ Church Anniversary _____

Does your spouse hold a Five-Fold Office? Yes No N/A

If yes, Title: _____ How long? _____

Is the Church or Ministry recognized by State & IRS as a Non-Profit / Charitable Organization? Yes No

Are you apart of any Reformation or Fellowship? Yes No

If yes, Name of Organization: _____

Do you serve as the Chief Apostle or Presiding Prelate? Yes No

If no, What position if any? _____ How long? _____

Do you have Apostolic Succession? Yes No

Were you Affirmed, Consecrated or Ordained in your office? Yes No

If yes, by whom? _____ In what year? _____

If no, would you like to be? Yes No

Do you have Ceremonial Garments? Yes No

If no, would you like to order them? Yes No

Do you have a Media Ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Check all that apply)</i> <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Website <input type="checkbox"/> Other
What Skill(s) and/or Talent(s) will you share to help further TMGF Vision and Mission?
List other unique ministries:
List any books you have authored:
Requested Documents
Please provide our office with a copy of your Bio, Professional Photo in Ceremonial Garments or Civic Attire and a copy of Apostolic Succession/Bishop Consecrated Certificate.

Education <i>(For statistics only)</i>		
High School:	Year Graduate:	
College:	Year Graduate:	Major:
Other Achievements: <i>(License, Certificate, etc.)</i>		

Pledge

I do hereby pledge to join myself to The Midwife Global Fellowship LLC. and hereby voluntarily submit to its rules and structure. I understand that by doing so I do not surrender any of the autonomy that is characteristic of being a Christian Church or Ministry. I further pledge to offer my gifts and talents in building this family of faith and move of God.

Signature: _____ Date: _____

Please Select the Applicable Application Fee

New Member Application Fee

\$150.00 (One-Time Processing Fee)

Monthly Membership Renewal Fee

\$75.00 Church

PAYMENT INFORMATION:

- Cash
- U.S. Postal Money Order
- Check (U.S. Funds)
- Cash APP: \$themidwife
- PayPal: Bookthemidwife@outlook.com
- Website: WWW.itsbirthingtime.com

Make check or money order payable to the The Midwife Global Fellowship