



INTERNATIONAL
CHRISTIAN
COALITION

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Membership Services E-mail:
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Administration E-mail:
info@internationalchristiancoalition.com

Web Site Address:
www.internationalchristiancoalition.com

Application for Membership

Name: _____

Date: _____

PLEASE TYPE OR PRINT LEGIBLY, FILL IN COMPLETELY
AND RETURN WITH YOUR NON-REFUNDABLE APPLICATION FEE.
(Use additional pages as needed)

APPLICATION FOR MEMBERSHIP

1. Last Name _____ First Name _____

2. Street Address _____

3. City _____ State _____ Zip _____

4. Country (if applicable) _____

5. Phone: (Cell) (_____) _____ (Home) (_____) _____

(Business) (_____) _____ (Fax) (_____) _____

6. City _____ State _____ Zip _____

7. E-mail address _____ Website _____

8. A first name by which he/she prefers to be addressed _____

9. Nationality _____ Citizenship _____

11. Marital Status (Check Accordingly)

Single Married Widowed Separated Divorced Remarried

12. Number of children living with you _Name(s) and age(s) of children _____

13. When and where were you baptized? Name of the church _____

Location City _____ State _____ Date _____ Year _____

14. What is the name and address of your home church? _____

Who is the Senior Pastor there? _____

15. What is the name and address of the church you are PRESENTLY attending? _____

a. How long have you been attending regularly there? _____

b. What is the phone number of this church? () _____

c. Please circle the average Sunday morning attendance (choose the number closest to the count).

50 75 100 200 400 600 800 1,000 2,000 3,500 5,000 7,500 10,000

16. Are you a Senior Pastor of a local congregation? _____ Yes _____ No

Do you presently serve on the staff of a local church? _____ Yes _____ No

17. If you presently serve on staff at your church, please circle the average Sunday morning attendance (choose the number closest to the count).

50 75 100 200 400 600 800 1,000 2,000 3,500 5,000 7,500 10,000

18. What is your spiritual calling? _____ Pastor _____ Evangelist _____ Teacher _____ Missionary

_____ Other (Describe) _____

19. Describe the following: 1) conversion experience 2) call to the ministry 3) church background and 4) describe your current ministry activities (please attach separate statements).

20. How are you supported financially? _____

a. Do you have another occupation? _____ Yes _____ No If so, What? _____

b. Name of business where you are employed _____

c. Hours per week _____ Work Phone Number (_____) _____

21. Are you finances in good order? _____ Yes _____ No

Do you have a good financial record? _____ Yes _____ No

22. With what religious organization are you currently affiliated? _____

23. If previously licensed or ordained, check accordingly

Licensed Month _____, day _____, Year _____

Ordained Month _____, day _____, Year _____

24. Have you considered the ICCI Statement of Faith and are you in agreement with it? _____ Yes _____ No

25. Have you considered our Code of Ministerial Ethics and Constructive Discipline Policy and do you agree to abide by them? _____ Yes _____ No

26. Do you have a criminal record or charges pending against you? _____ Yes _____ No

If yes, explain each incident indicating whether or not the matter is resolved and under the Blood of Christ and that restitution has been made where Biblically appropriate and possible. (An additional fee will be charged to cover the cost of a criminal records check).

27. Do you agree to live a Biblically moral lifestyle; one worthy of the Christian ministry profession? ___ Yes ___ No

28. Are you available for a personal interview in your Regional Area? ___ Yes ___ No

29. Do you understand and agree that should you voluntarily withdraw from the Fellowship, fail to renew membership or have you membership removed for just cause, you must return you ICC membership I.D. card and wall certificate to the ICC office within 30 days of membership expiration? ___ Yes ___ No Do you promise to do so? ___ Yes ___ No

30. Have you read our requirements for General Membership and do you qualify for membership by these standards?
 _____Yes _____No

31 List any formal education you have received, including the names and location of any schools you attend or from which you have graduated: (Please forward transcripts from educational institutions or training organizations).

Name and Location of School (City/State)	Graduated	Years Completed	Degrees Achieved
High School City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
University or Bible College City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
Graduate School City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
Seminary City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4	
Correspondence courses completed: a. _____ b. _____ c. _____ d. _____	Dates	Educational Institution (s)	Earned Certificate Title
Seminars/Workshops/Conferences Attended: a. _____ b. _____ c. _____ d. _____	Dates	Educational Institution(s)	Earned Certificate Title

List below the name, address, and phone number of six personal references who are acquainted with your ministry gifts and history of your Christian service. Include your Pastor or another Pastor of an established congregation. Additional references may include ministers, elders, deacon and other religious leaders. Please print clearly.

1. Name: _____ Title: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Name of Church: _____

Church Address: _____ City: _____ State: _____

2. Name: _____ Title: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Name of Church: _____

Church Address: _____ City: _____ State: _____

3. Name: _____ Title: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Name of Church: _____

Church Address: _____ City: _____ State: _____

4. Name: _____ Title: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Name of Church: _____

Church Address: _____ City: _____ State: _____

5. Name: _____ Title: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Name of Church: _____

Church Address: _____ City: _____ State: _____

6. Name: _____ Title: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Work Phone: _____

Name of Church: _____

Church Address: _____ City: _____ State: _____

I acknowledge and affirm that the information provided by me in this Application, including all attachments and exhibits is true and correct to the best of my knowledge. I understand that if I am granted general membership or receive credentials of any kind from International Christian Coalition, Inc., my membership and any credentials may be withdrawn or terminated by ICCI, at any time and without notice, if any information is false or misleading.

Signature: _____ Date: _____

Subscribed and affirmed to before me this _____ day of _____, 200_____.

Notary Public _____ Notary Stamp