

# International Ministerial Alliance In Christ. Inc.

503 Churchill Crossing  
Madison, Tennessee 37115

## Application For Membership

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Married \_\_\_ Single \_\_\_ / Christian worker \_\_\_\_\_

Current Status Pastor \_\_\_ Asst. Pastor \_\_\_ Evangelist \_\_\_ Missionary \_\_\_

1. I have read the statement of Faith "We Believe" and am in agreement

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you agree to keep unity with the brethren of this organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. If you see a brother taken in a fault do you agree to try to restore them?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you been ordained by another organization? Yes \_\_\_ No \_\_\_

Give the name of the organization \_\_\_\_\_

6. You are seeking License \_\_\_\_\_ Ordination \_\_\_\_\_ (check only one)

7. If you are being licensed for the first time list a Pastor that you have preached

for \_\_\_\_\_ Phone \_\_\_\_\_

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

Applicant

.....

.....  
**To be completed by a sponsor:**  
(Applicable only to those seeking license.)

I have seen the call of God on the life of the applicant and am willing to attest to that and their ministry.

Sponsor \_\_\_\_\_ Phone \_\_\_\_\_

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**To be completed by the Executive Committee**

Accepted by the Executive Committee:

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Secretary

Date accepted \_\_\_\_\_

Return application to:

Annual Fee: \$20.00