**The Birth Place International Ministry, Inc**

P.O. Box 470065

Miami, FL 33247-0065

**Application for Membership**

Date

Personal Information

Name: (Last) (First) (MI)

Phone: (Home) (Cell) (Work)

Address:

City: State: Zip:

Email:

Date of Birth: / / Age at Date of Application:

Age at Salvation: Age at Water Baptism:

Education Information

Do you have a high school diploma or equivalent Yes: No:

Ministerial Information

Home Church Name:

Physical Address:

City: State: Zip:

Mailing Address (if different from above):

City: State: Zip:

Email: Web Address:

Ministry Phone: Ministry Fax:

How long has this organization been in existence?

To which of the five-fold ascension gift ministries do you believe you are called? (Eph. 4:11, 12)

**Apostle Prophet Evangelist Pastor Teacher Not sure yet**

Has this been confirmed? No Yes # of times

How and by whom?

Years Active in the Ministry:

What is your major ministry burden now?

Why are you applying for affiliation with *BPIM*?

**REFERENCE INFORMATION**

Please contact the references you list and have them to mail their reference letters directly to the address shown at the top of this application.

**List 3 ministers outside of your ministry who would give an honest evaluation and commendation of you and your ministry:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: Phone:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: Phone:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: Phone:

**List another person (preferably a minister) with whom you have had a close relationship in personal, family or ministry dealings that you feel would give the most critical evaluation of your life and ministry.**

1. Name: \_\_\_\_\_\_\_\_ Position:

Relationship to you: Phone:

Briefly state what you think they would say and why.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you presently have a senior minister with whom you have a committed, confessional, counseling and covering relationship? No\_\_\_\_\_Yes, who? \*

*\*If you are a* ***member of a local church*** *we must have a* ***reference letter*** *from* ***your Pastor****; otherwise, please provide a* ***reference letter*** *from the* ***senior minister*** *you have listed above.*

All Applicants must submit a brief bio of themselves, along with 2 passport photos. Attached with the Bio, the applicants are required to give a brief explanation of the following:

* What are their expectation from the ministry and covenant partnership?
* Identify their strength and weakness as well areas in which they desire to be developed in.
* All applicants must identify if they are attempt to establish a covering or affiliation as individual, group or organization.
* If any applicant holding the position of Pastor or a head of organization must provide supporting information that validate their position and authority to make decisions for the ministry and organization in which they reign over. Additionally they must provide the following:

1. Copy of a current Non-Profit Corporation status report
2. Copy of the church register
3. Proof showing location of the physical church

Please and mail back the application with all attachments requested to:

The Birth Place International Ministry

Attn: New Applicants

P.O. Box 470065

Miami, Florida 33247

**APPLICATION POLICY:**

**Submitting this application does not guarantee acceptance.** Once this application is submitted, a representative of will contact you to further discuss your application. You must have all reference letters submitted before we can continue with the application process. If the reference letters are not received within reasonable time from the time the application is submitted, your application will not be processed and you will need to reapply at that time.

**APPLICATION AGREEMENT AND SIGNATURE:** I acknowledge that all information submitted is true to the best of my knowledge:

Applicant Signature: Date: