

FELLOWSHIP OF CHURCHES  
AND MINISTERS INTERNATIONAL  
Ordination Form

APPLICATION FOR INDIVIDUAL MEMBERSHIP

I am applying for: \_\_\_\_\_ I am an ordained minister and applying only for membership \$50.00 annually  
\_\_\_\_\_ I am applying for Ordination and membership \$100.00 (this includes first  
year membership)

Please include the appropriate application fee with this application

Status of Credentials:

\_\_\_\_ Currently Licensed If so, when? \_\_\_\_\_ From where? \_\_\_\_\_

\_\_\_\_ Currently Ordained If so, when? \_\_\_\_\_ From where? \_\_\_\_\_

\_\_\_\_ I have been licensed but desire to be ordained

PERSONAL DATA

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M F Social Security Number: \_\_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Remarried \_\_\_\_ Engaged: \_\_\_\_ Widowed: \_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you listed as a pedafiler? Yes \_\_\_\_ No \_\_\_\_

Are you currently on parole or probation for any criminal act? Yes \_\_\_\_ No \_\_\_\_

CHURCH AFFILIATION

Please indicate the church in which you currently pastor or attend

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_ What Capacity? \_\_\_\_\_

MINISTRY BACKGROUND

What other fellowships, organizations or associations do you belong to \_\_\_\_\_

SPIRITUAL HEALTH

If you are presently licensed or ordained, please attach a copy of your credentials.

Have you ever had your license suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree with Fellowship of Churches and Ministers International statement of faith? Yes \_\_\_\_ No \_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Next page please

I understand that any application fee and dues paid to FCMI will be retained by FCMI and will not be returned or refunded unless this application is denied. Then a \$10.00 handling fee will be retained.

This application will be held in confidence. Only those persons with a need to know will review it. I grant FCMI and its leadership, permission to verify the information provided on this application.

I hereby state that the information contained on this application is correct and true.

I hereby understand that the integrity of our Lord and Savior Jesus Christ and the standards and articles of faith of FCMI will be maintained at all times. If for any reason there is a breach of those standards, I understand that this

application and any issued credentials can and will be revoked and terminated by the decision of the Presbyters of the FCMI.

\_\_\_\_\_  
Applicant's Signature and Date

\* Please attach to this application a written testimony of your new birth, baptism in the Holy Spirit and call into Christian ministry. Your initials here \_\_\_\_\_

\* Please schedule me for an oral examination with the FCMI Presbytery to recognize my call into ministry and the soundness of my biblical faith. Your initials here \_\_\_\_\_

\* Please schedule me for an ordination service conducted by the FCMI Prebytery to set me into the gospel ministry. Your initials here \_\_\_\_\_

**RECOMMENDATIONS**

Signature of FCMI member who recommended and will sponsor you.

\_\_\_\_\_  
Signature

Applicant: Please forward the attached personal reference of your choice to complete and return to us.

**FOR OFFICE USE ONLY**

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

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_ Approval \_\_\_\_\_ Denied

Reason for Denial \_\_\_\_\_

\_\_\_\_\_  
*Amount Received \$* \_\_\_\_\_

*Date Received* \_\_\_\_\_

Check Number \_\_\_\_\_

*Date New Member Paperwork Sent:*

\_\_\_\_\_