

# Fellowship Registration



TITLE: Mr. Mrs. Ms. Pastor Bishop Apostle Other: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Other: (    ) \_\_\_\_\_

Ministerial Position: \_\_\_\_\_

Church/Organization: \_\_\_\_\_

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

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

Church Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Are you:    Single    Married    Divorced    Remarried    Widowed

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of Dependants: \_\_\_\_\_

If applying for ministry or church affiliation, please include:

Copy of your state incorporation documents

Brief history of the organization

G I F will not be able to provide a certificate until all documents are received.

*GIF Sovereignty Resolution: "Be it resolved that affiliation with GIF in no wise violates or jeopardizes the sovereignty or independent status of the local church or ministry. This is a voluntary act of affiliation and has no legal recourse to the property, resolves or vision of the local church or ministry."*