



APOSTOLIC FAITH FELLOWSHIP

www.apostolicfaithfellowship.org

Minister Application

Applicant Full Name _____

Mailing Address _____

City, State, Zip _____

Cell Phone _____ Email Address _____

Birth Date ____/____/____ Marital Status _____ Today's Date ____/____/____

Name Of Church You Attend _____

Church Address _____

Spouse Name _____ Birth Date ____/____/____ Number of Children _____

1. Present Ministerial Status: Full Time ____ Part Time ____ Number Of Years Of Ministerial Experience? _____

2. License Applied For:

- a. Ordination ____ \$200 per year or \$60 per quarter. Requirement for Ordination; Have ten years of ministry or hold the office of a pastor, have read the Bible through, have read the AFF Ordained Minister reading list.
- b. General ____ \$150 per year or \$45 per quarter. Requirement for General; Have six years of ministry, have read the Bible through, have read the AFF General Minister reading list.
- c. Local ____ \$100 per year or \$30 per quarter. Requirement for Local; Be at least 18 years of age, have read the Bible through, have read the AFF Local Minister reading list.
- d. Apprenticeship ____ \$50 per year or \$15 per quarter. Requirement for Apprenticeship; Be at least 16 years of age, have read the Bible through, have read the AFF Apprenticeship Minister reading list.
- e. World Missionary ____ Requirement for World Missionary; As outlined in the World Missions By-Laws.

3. Present Position In The Ministry _____

4. Have You Or Your Spouse Ever Been Divorced? ____ If So, Please Attach A Letter With The Details.

5. Are You Living Common Law With A Person To Whom You Are Not Legally Married?

6. Have You Ever Been Dropped Or Left Under Question From An Apostolic Ministers Group? ____ If So, Please Attach A Letter With The Details.

7. Have You Ever Been Convicted of, Pled Guilty To, Child Abuse Or A Crime Against A Child Involving Actual Or Attempted Sexual Molestation? _____

8. Are You A Member Of The Masonic Lodge Or Secret Society Where Members Are Bound By An Oath? _____

9. Are You A Registered Sex Offender? _____

10. Do You Engage In Any Of The Following?

- A. Alcohol Consumption? _____
- B. Use Of Tobacco? _____
- C. Non Prescription Drug Use? _____
- D. Pornography? _____

11. Do You Believe The Second Coming of Jesus has already occurred (The Rapture) And We Are Currently Living In The Millennium? _____

12. Do You Believe That Satan Is Bound Right Now? _____

13. Do You Believe And Preach The Following Essential Doctrines?

- A. The Oneness Of God ? _____
- B. It Is Essential to Repent, Be Baptized In Jesus Name, And Receive The Infilling Of The Holy Ghost With The Evidence Of Speaking In Other Tongues In Order To Be Born Again? _____
- C. Holiness In Lifestyle And Separation From The World? _____

14. Were You Immersed In Water In The Name Of Jesus Christ For The Remission Of Sins? _____

15. Did You Receive The Holy Ghost With The Evidence Of Speaking In Other Tongues? _____

16. Do You Believe In The Eternal Punishment For The Unserved Dead? _____

17. Do You Believe That Jesus Was Fully God And Fully Man, The Man Being The Son Of Mary? _____

18. Do You Believe That Homosexuality Is A Sin? _____

19. Do You Believe That A Marriage Is Defined As One Man and Woman? _____

20. Please Describe Briefly Why You Desire Membership In The Apostolic Faith Fellowship?

21. If You Are Not Under A Pastor's Direct Ministry, You Must Have A Three Person Accountability Group, One Of Which Must Be A License AFF Minister. Please List Name, Address, Cell Number and Email Address For Each;

- 1. _____
- 2. _____
- 3. _____

22. Your Pastor's Name and Cell Phone Number _____

23. If You Are Working Under A Pastor And Seeking Membership In The AFF, It is Recommended To Have Your Pastor's Signed Approval;

Pastor's Signature _____

Printed Pastor's Name And Date _____

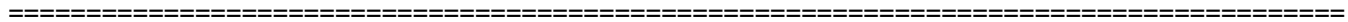
24. Do You Currently Hold Ministerial License With Any Other Fellowship or Organization? _____

If So Please List _____

Applicant's Signature _____

Date ____/____/____ Printed Name _____

Please Submit To Your District Elder



Please Do Not Write Below This Line - AFF District Use Only

Name Of District _____

Approved By:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

License Approved For _____

Date Of Approval ____/____/____

Amount Received \$ _____

Please Send Original To: Ron Pickard, HC 61 Box 5, Boswell, OK 74727

Please Email Copy or Photo To: akers@apostolicfaithfellowship.org