

MORIAH INSTITUTE OF CHRISTIAN STUDIES

Moriah Ministerial Fellowship

GROUP MEMBERSHIP APPLICATION

Ministry/Organization Application

(To be completed by senior minister/pastor/president - hereafter referred to as Primary Applicant)

Section 1 - Organization Information

Name of Organization _____

Is this a Christian-based organization in agreement with MORIAH'S Tenets of Faith? _____

What is the main purpose/service of the organization? _____

Address of Organization _____
Street *City* *State* *Zip*

Phone Numbers: Main Office (_____) _____ Fax (_____) _____

Web Site _____ Email _____

List Associations to which this organization belongs:

Name of Incorporator _____ Date of Incorporation _____

Is Incorporator also serving as President/Chief CEO? _____ If not, who? _____

Please list name, address, phone number and title of each Incorporating Board Member:

Title Name Address Phone Number

Number of locations your organization operates from: _____ current _____ proposed

Do you or will you have ordained ministers directing each location? _____

Please list locations and minister/director who are to be ordained and/or be fellowship members:

<u>Location</u>	<u>Minister</u>	<u>Current or Proposed?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 2 - Primary Applicant Information

Your Name _____

D.O.B. _____ SS # _____ Male Female

Address _____

Drivers License Number _____ State _____

Day Phone (____) _____ Evening Phone (____) _____

E-mail address _____

Education: List colleges attended and degrees received

<u>Name of Institution</u>	<u>Degree/Date Received</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are you a U.S. Citizen? Yes No If no, are you in this country legally? Yes No

Are you an ordained minister? _____ **(Please submit copy of certification)**

Marital Status: Single Married Widowed Divorced Separated

Wedding Anniversary Date _____ Spouse name: _____

No. of Children _____ Name(s),and age(s) of Children _____

List ministerial associations to which you belong:

Present church: (If other than your organization)

Name _____ Phone (____) _____

Address _____

Name of denomination or church affiliation _____

Name of Senior Pastor/officer _____

What is your position? Senior Pastor Associate Pastor Other _____

**** If you were previously ordained through another organization, a copy of your license or ordination certificate should accompany this form. Is it attached? _____***

I do hereby confirm that the information I have furnished on this application is correct to the best of my knowledge.

Primary Applicant Signature _____ Date _____

Submit this application with appropriate \$240.00* membership fee to:

MORIAH MINISTERIAL FELLOWSHIP

PO Box 36098

Fayetteville, N.C. 28303

***Checks, Money Orders, MasterCard and Visa**

Ministry/organization membership includes licensing for the senior minister-pastor/president. After approval, submit additional ordination requests through the organization membership.