

MORIAH INSTITUTE OF CHRISTIAN STUDIES

Moriah Ministerial Fellowship

INDIVIDUAL MEMBERSHIP APPLICATION

I am applying as Licensed Minister Ordained Minister

Name _____

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

Address _____ City _____ State _____ Zip _____

Drivers License Number _____ State _____

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

E-mail address _____

Marital Status: Single Married Widowed Divorced Separated

Wedding Anniversary Date _____ Spouse name: _____

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

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

List ministerial associations to which you belong:

Present church:

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name of denomination or church affiliation _____

What is your position? Senior Pastor Associate Pastor Other _____

Name of Senior Pastor/officer if not you _____

****If you are not concurrently applying for licensure or ordination, a copy of your current 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.

Signature _____ Date _____

Submit this application with \$125.00* membership fee to:

**MORIAH MINISTERIAL FELLOWSHIP
PO Box 36098
Fayetteville, N.C. 28303**

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

(Please note that if you are submitting an application for licensing or ordination along with this application for fellowship membership, each form requires membership fee. After initial licensing, fellowship fee is renewable annually with no additional licensing fee)