



PNEUMA LIFE APPLICATION FOR MEMBERSHIP

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Please type or print clearly and completely

Application is as a: (check one)

☐ Ministry Founder/Ministry

☐ Pastor

☐ Pastor/Church

☐ Bishop/Apostle

☐ Fellowship

Name of Ministry/Church applying as a partner: _____

Address: _____ City/State: _____ Zip: _____

EIN: _____ Are you legally Tax Exempt: ☐ Yes ☐ No

Website: _____

Check One: ☐ Incorporation

☐ Association

☐ No official status at this time

Does the Church/ Ministry have the following: (If so, Please attach)

☐ Vision Statement

☐ Mission Statement

☐ Statement of Faith

☐ Statement of Purpose

☐ By-laws (No Attachment Necessary)

Brief description of ministry: (use additional sheet if necessary) _____

Personal Information

Name: _____

Address: _____ City/State _____ Zip: _____

Phone: (Hm) _____ (Work) _____ (Fax) _____

Email: _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Name of Spouse: _____

Number of Children: _____

Approximate Date of Salvation: _____

When were you baptized? _____ Name of Church _____

Name and Address of your home church? _____

Who is the Senior Pastor? _____

How long have you been attending? _____

Have you ever served on the staff of a local church? ☐ Yes ☐ No

Do you have another occupation? ☐ Yes ☐ No

Place of Employment: _____

How long have you been in active ministry? _____

Are you licensed? ☐ Yes ☐ No

Are you currently associated with a ministry, organization, or fellowship? ☐ Yes ☐ No

If so, who? _____

Are you ordained? ☐ Yes ☐ No

Are you currently living in a sinful capacity that could invoke negative responses from members of the church or church administration? ☐ Yes ☐ No

Are you currently involved in any illegal or immoral activities in yr social environment (church, work, home and etc...)? ☐ Yes ☐ No

Do you believe in (check all that apply):

☐ Tithing ☐ Offering ☐ Seed Sowing ☐ Blessings

What is your spiritual calling? _____

How much time do you devote to your calling? _____

What ministry gifts are manifesting in your life? _____

Have you considered the Statement of Faith of Organization Name and are you in agreement with it? ☐ Yes ☐ No

References

List Below the name and phone number of two personal references who are acquainted with your ministry gifts and history of your Christian service:

Name: _____

Home _____ Work _____

In what capacity do you know this person? _____

Name: _____

Home _____ Work _____

In what capacity do you know this person? _____

I am making application as a covenant partner in this vision. I understand that there is a discernment period that may follow this application.

Signature: _____ Date: _____