



E.L. WARREN MINISTRIES INTERNATIONAL
PO BOX 831
215 N. 25th St.
Quincy, IL 62306-0831
217/223-3344 -- 800/453-6712



AFFILIATE MINISTRY APPLICATION
(Please Print Clearly)

Ministry Name _____

Ministry Mailing Address _____ City/State _____ Zip _____

Ministry Mailing Address _____ City/State _____ Zip _____

Ministry Founder _____ Date Founded _____

Preferred Title: Apostle Pastor Evangelist Minister Dr. Mr. Mrs.

Last Name _____ First Name _____

Home Address _____ City _____ State _____ Zip _____

Telephone #'s: Office: _____ Home: _____ Cell: _____

Fax: _____ Email Address: _____

Spouse's Name _____

Applicant's Birthdates ___/___/___ Spouses Birthdates ___/___/___ Wedding Anniversary ___/___/___

Church Anniversary ___/___/___

Children's Names _____ Male/Female _____ Date of Birth ___/___/___

_____ Male/Female _____ Date of Birth ___/___/___

_____ Male/Female _____ Date of Birth ___/___/___

Education

Elementary _____

High School _____ Graduation Date _____ Diploma ___ Yes ___ No

College _____ Graduation Date _____ Diploma ___ Yes ___ No

Seminary _____ Graduation Date _____ Diploma ___ Yes ___ No

Date Born Again _____ Date Spirit Filled _____

Date Called to Ministry _____ Accepted Call to Ministry _____

Date Licensed _____ What Body Licensed _____

Date Ordained _____ What Body Ordained _____

501C3 Yes No Date _____ **Not-for Profit** Yes No Date _____ **Incorporated** Yes No Date _____

Officers of Ministry

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Ministry's Annual Gross Income _____ Average Sunday Attendance _____

Ministry Staff

Name _____ Position _____ Volunteer Paid

Name _____ Position _____ Volunteer Paid

Name _____ Position _____ Volunteer Paid

Personal Purpose:

Personal Vision:

Ministry Purpose:

Ministry Vision:

How Can INAM serve you best?

Signature _____ Date _____