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# International Christian Apostolic Fellowship

## Membership Application

### **CHURCH INFORMATION**

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Administrator/Secretary Name, Contact Number & Email:

\_\_\_\_\_

### **PASTOR'S INFORMATION**

Name of Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Administrator/Secretary Name, Contact Number & Email:

\_\_\_\_\_



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*Check One:*

**[ ] FULL PASTOR /CHURCH MEMBERSHIP**

- This membership is a full commitment agreement that brings a Pastor and his church into covenant with the ICAF and allows the Pastor full access to fellowship, train and accept ecclesiastical positions and elevations with this organization.

**[ ] PASTOR OR LEADERS INDIVIDUAL MEMBERSHIP**

- This membership is a NON-CHURCH commitment agreement that brings a Pastor or leader INDIVIDUALLY into covenant with the ICAF. This membership allows the Pastor or Leader access to fellowship and train with Pastors worldwide. However, it does not allow a Pastor or leader to accept positions and elevations with this organization.
- \$100 Fee must be submitted with the new application. Make checks payable to the ICAF.

## CHURCH/PASTOR HISTORY

Name of Previous Organization: \_\_\_\_\_

Are you still connected to the organization? \_\_\_\_\_

How long were or have you been a part of the organization? \_\_\_\_\_

Reason for leaving the organization: \_\_\_\_\_

Position held in your previous organization: \_\_\_\_\_

If you hold the position of a Bishop, please explain who ordained you and what year were you ordained: \_\_\_\_\_

Signature of Pastor or Leader: \_\_\_\_\_

Date: \_\_\_\_\_