

## Dominion Covenant Fellowship International Initial Application for Membership

## **Personal Data** 1) Minister's Name 2) Address \_\_\_\_\_ 3) Phone Numbers Home Phone Work Phone **Email Address** 4) Marital Status S M D D RM (If So, How Long Please explain on another sheet) There is no exclusionary practice of membership or licensure or ordination for having experienced divorce. All applications are processed on a case-by-case basis. 5) Spouse's Name 6) Is your spouse a Christian? Yes No 7) Is your spouse supportive of your ministry? \(\subseteq\) Yes No 8) Do you have children? Yes No 9) Are they committed Christians? Yes No

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10) If No please explain:

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10) Date of Birth	Month	Day	Year	
11) Current Level	of Education (th	is is for infor	mation purp	poses only)
High School 9	<u> </u>	] 12 🔲		
College (Secular or Bib	ole)	Location		Years attended or Degree
Ministry Backgro	ound			
For Questions 12 –	- 16, please expl	ain, if necesso	ary, on a se	parate sheet of paper:
12) Please record a	approximate spir	ritual milestor	ne dates:	
Salvation				
Holy Spirit Baptism	n			
Call to Ministry				
First Ministry Licer	nse and the orda	ining person,	church, or	body
If you have never hordination, please e				eking licensure and or

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All ordinations, licensures, covenant, and affiliate memberships of Dominion Covenant Fellowship are processed during Dominion Covenant Fellowship Annual Gathering during Dominion Camp Meeting and are renewable every two years to remain in good standing with the fellowship.

13) Are you currently serving in the ministry?   Full-Time Part-Time
14) If part-time, what is your full-time occupation?
15) List any prior ministry or ministries with which you have been licensed/ordained
Licensed Ordained
Licensed Ordained
Licensed Ordained
16) What person do you presently recognize as your personal pastor and / or spiritual mentor?
Name
Ministry
Phone Number
Email Address
How long have you known the person?

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## **Church Information**

17) Church Name			
18) Address			
- <u></u>			
19) Phone Numbers			
	Church Phone	Church Fax	Church Email
20) Congregation Size			
Membership	Actual A	ttendance	
21) When was your cho	urch founded? Mon	thYear	
22) Are you the founder	er? Yes No		
23) What level of mem	bership are you app	olying for?	
24) What is your churc	h's annual budget?		
25) Does your ministry	embrace the Bapti	sm of the Holy Spir	rit? Yes No
26) Explain:			

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27) What form of financial accountability do you currently have established?
28) Vision/Purpose Statement (please state briefly)
28) Please explain your church's internal structure. (Example: Pastor, elder, deacons, etc.)
29) Is your church a member of a denomination or other ministerial organization? I so, please explain.

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30) Please list current affiliations and organizations (include all ministerial
associations and attach copies of current ordination).
31) With this application, please submit at least a one-page, typed essay on why you want to become a member of Dominion Covenant Fellowship. Describe how you found out about Dominion's Fellowship, your heart concerning Bishop Johnson, and what you expect to receive from the Fellowship.
Please email your final completed application to <a href="mailto:info@dow.church">info@dow.church</a>
A hard copy of your application materials can be mailed to P.O. Box 576 Newport News VA 23607
International Applicants Only:
32) Citizenship
33) How often do you travel to the United States?
34) Is the country where your church is located open to the Gospel of Jesus Christ? Please explain.



35) What is your current visa/passport status? Please explain.	
36) Do you have any restraints from your government pertaining to the function your church? Please explain.	10









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