



Your Name _____ Spouse Name _____

Ministry Name _____

Ministry Address _____

City _____ State _____ Zip Code _____

EIN: _____ Country _____

APPLICATION DATE: _____ Ministry Phone _____

APPROVAL DATE: _____ Ministry Email _____

_____ Ministry Web Site _____

Membership Application

The following questions will help us get to know you better, your background, experience, and where your heart is. Please answer the questions as clearly as possible. Feel free to use additional paper to answer adequately. May the Lord richly bless you as you proceed. If you have any questions, please contact Keacha Rogers at (203) 934-0880 ext 329 or office@thearcenter.org.

Please enclose your picture, short biography, and the annual membership fee of \$250 with this completed application and mail to: Apostolic Resource Center - 129 Bull Hill Lane - West Haven, CT 06516.

Personal Information

Home Address _____

City _____ State _____ Zip Code _____

Country _____ Home Phone _____

Fax _____ Cell Phone _____

Email _____ Marital Status _____

Nationality _____ Spouse Nationality _____

Date of Birth _____ Spouse Date of Birth _____

Child Name & DOB _____ Child Name & DOB _____

Please describe your ministry (list any degrees, diplomas, and / or certificates held)

Describe your church history (such as denominations or movements to which you have been affiliated)

Existing
Credentials

Do you presently hold ministerial credentials with any other
Church Body or Fellowship? ___ Yes ___ No

If Yes, please state:

1. Type of Credentials _____

2. Held with what Organization _____

3. Date of Ordination or initial issue of Credentials _____

4. Have you ever had your ordination revoked or not renewed by another organization? ___ Yes ___ No

If so, please explain _____

Describe your
primary ministries
(minimum of two)

___ Prophetic ___ Evangelistic ___ Pastoral ___ Administration ___ Intercession

___ Music ___ Helping ___ Teaching ___ Training/Equipping ___ Other

Give a brief
testimony of when
and how you met
the Lord
(i.e. your salvation
experience)

Marriage and
Family

How long have you been married? _____

Have you or your spouse been through a divorce? _____

If yes, please explain. _____

Describe your
personal time with
the Lord
(include time,
frequency, and
value to you)

How often do you hear the Lord speak to you? _____

Do you have a
life verse?
(a portion of
scripture given to
you personally
by the Lord)

Which spiritual
gifts do you
exercise and
walk in?

Do you keep
a journal of
significant dreams?
If so, please share
one of them here.

Describe any
relationship you
may have with
the regional body
of Christ in your
town or city.

What do you
consider to be
your two greatest
strengths?

What do you
consider to be
your two greatest
weaknesses?

What one thing would you like to do with your life?
What is your life vision?

Please list 2 personal references that we may contact in regards to your character and ministry

What place does accountability to others have in your walk with God?

Please give any reactions or comments you may have to ARC's goals, values and beliefs information.

List your reasons for wanting to join *Apostolic Resource Center*, including what you hope to gain from membership with ARC.

Once I am a member I understand my financial agreement to ARC goes beyond the annual dues and will include the following:

- As a minister who has been ordained by ARC, I will contribute 10% of my personal income as a tithe.
- As a member ministry, I will contribute a percentage of ministry income as a fellowship offering to ARC of at least 1%.