



The Master's Touch World Wide Fellowship & Ministries

MEMBERSHIP APPLICATION

Name of Congregation			
Address			
City State Zip			
E-Mail			
Business Phone			
Business Fax			
Website			
Pastor's Name			
Home Phone			
Home Address			
Pastor's Age			
Age of Congregation			
Pastor's Information:			
1) Education:		High School	
		Seminary	If yes, Name: _____
		College	If yes, Name: _____
		Graduate School	If yes, Name: _____
Degrees held _____		Diplomas held _____	
Honors or achievements: _____			
2) What length of time have you served as pastor of this congregation?			
3) List the past positions and locations held in ministry:			
4) How long has this congregation been in existence?			
5) What is the vision for your congregation?			
6) Do you have a Statement of Faith, or statement of doctrinal position? If so, include with application and go to question #8. If not, please answer the following questions:			
A. What do you consider to be the basic tenants of the Christian Faith?			
B. State briefly your Statement of the Faith and Doctrine.			
7) What are the three greatest strengths of your church and how do you use them?			

8) What are the three greatest weaknesses of your church and what are you doing to correct them?
9) Has your congregation ever been a part of a denomination or Fellowship of Churches? If so, which one(s)? Why did you leave? Was your departure agreeable to both sides?
10) Do you have a constitution, by-laws, incorporation and/or 501(c)3 tax exempt recognition by the federal government? If so, please include copy of your by-laws with this application.
11) Describe your foreign missions experience. Do you regularly support missions? If so, which one(s).
12) List other ministry staff and their positions:
13) What is your vision for raising up leadership in your church, and how are you implementing it?
14) Have you trained and released others into ministry? If so, what are they and what are they doing?
15) Were you ever convicted of a crime? Yes ___ No ___ Date _____
16) Were you ever convicted of a felony? Yes ___ No ___ Date _____ Please List any felonies _____
17) How can MTWWFM help you to fulfill your ministry vision?
18) Do you understand the "Vision" and "Mission" of MTWWFM? Yes ___ No ___
19) How can you help MTWWFM fulfill its vision?
20) Please use this space to describe your Spiritual goals.
21) Why do you want to be a member of MTWWFM?
22) Will you support MTWWFM with your: Prayers, attendance, ministry gifts and offerings? Yes ___ No ___

Personal References: Please list two individuals as references and give each person a Member Reference Form so that they may return it to us.

#1

Name	
Address	
Phone Fax	
Relationship	
Years Known	

#2

Name	
Address	
Phone Fax	
Relationship	
Years Known	

Thank you for your interest in The Master's Touch World Wide Fellowship & Ministries.

I understand that all items submitted as part of the application process become the property of MTWWFM and will not be returned.

This application will be held in confidence. Only those persons with a "need to know" will review it. I grant MTWWFM and its leadership permission to verify the information provided on this application.

I hereby state that all the information on this application is correct and true. If MTWWFM is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of the application procedure and/or revocation of membership.

Signature

Date

(THIS PORTION OF THE FORM IS FOR OFFICE USE ONLY)

Date Received _____ Date brought before Board: _____ Discussion Date: _____

____ Accept: ____ Deny: ____ Reason: _____ Date Joined: _____

Member Reference Form

Each applicant must submit two recommendations. Serious consideration will be given to your comments; therefore we ask that you complete the form carefully. It should be returned directly to the Admissions Office. Please return via mail or send via email (preferred). Our details are as follows:

mary@mtwfm.org or MTWWFM, PO Box 75, Randallstown MD 21133

Please be advise that your comments in this evaluation will held in the strictest confidence.

Reference Name	
Name of Church / Ministry	
Address	
City State Zip	
Telephone Number	
E-Mail	

1. How long have you known the applicant?			
2. How well do you know the applicant? (Check one)			
	By name / sight		Fairly well/numerous personal contacts
	Casual/few personal contacts		Very close pastoral relationship
3. Please indicate applicant's level of involvement in church activities. (Check one)			
	Attends irregularly / little interest		Co-operative / willing to help
	Regular attendance / little participation		Enthusiastic / deeply involved

4. What do you consider the applicant's strong points? (Include positive personal traits)			

5. What do you consider the applicant's weak points? (Include negative personal traits)			

6. How do you rate this person in the following areas?				
	Excellent	Above Average	Average	Poor
Discipleship				
Leadership				
Responsibility				
Christian Commitment				
Initiative				
Cooperation				
Personal Appearance				
Moral Character				
Health				
Social adaptability				
Integrity and honesty				
Emotional stability				

7. Do you believe the applicant is called into the full time ministry?			

I understand that this confidential statement is being submitted directly to the Admissions Office with the understanding that its contents will not be revealed to the applicant. I hereby waive my right to see the confidential statement submitted on this form. At no time will the applicant see the completed form.

Signature: _____	Date _____
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