



APPLICATION FOR PARTNERSHIP

☐ Church ☐ Ministry ☐ Business ☐ Individual ☐ Couple

Type of Membership Desired:

_____ **Full Partnership:** The Fellowship International will be your primary network affiliation and you desire a relationship of full involvement, including accountability and oversight.

_____ **Associate Partnership:** Our primary oversight is _____

Your Name: _____

Spouse Name: _____

Address: _____

City: _____ State/Province: _____

Nation: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email address: _____

Church or Ministry Name: _____

Your Position in the Church/Ministry: _____

Church/Ministry Address: _____

City: _____ State/Province: _____

Nation: _____ Zip: _____

Office Telephone: _____ Fax: _____

Your Home Church (if different): _____

Pastor or Sr. Leader: _____

Describe your ministry or church and its vision: _____

Why are you interested in joining The Fellowship International?

Are you willing to personally support and promote events of The Fellowship International that are to be held in your region? _____

Are you interested in receiving input or ministry from a Fellowship International 5-fold ministry team as needed? _____

Are there current needs that The Fellowship International could help you with?

Is your church or ministry willing to contribute financially, as able, to The Fellowship International? _____

Do you or your leaders need credentials (license or ordination) from The Fellowship International? _____

Describe any way that you see your church or ministry could serve The Fellowship International and its partner churches and ministries? _____

The Fellowship International's liability insurance does not cover partner ministries or ministers. Do you have a liability insurance policy?

☐ Yes ☐ No

I give my permission to publish my name, church/ministry name, address, phone number, and website details on The Fellowship International newsletters and TFI publications.

☐ Yes ☐ No

I give The Fellowship International the right and permission to use and publish photographs/video and/or sound recordings made of me and (if applicable) the ministry or church hereby applying for membership.

☐ Yes ☐ No

Partner "Expression of Support" Contribution due



STATEMENTS OF MEMBERSHIP COMMITMENT

I, _____, agree that:

In the event that an accusation of moral or ethical failure is made against me, I will seek and participate in an investigation of the allegation by The Fellowship International Board and receive their counsel throughout this process.

☐ Yes ☐ No

If the allegation is found to be valid, I agree to participate in a restoration process approved by The Fellowship International.

☐ Yes ☐ No

In order to sustain The Fellowship International's commitment to being a relational network, I agree to attend a minimum of one Fellowship International sponsored event every two years. I agree to a dialog relationship with The Fellowship International on an annual basis.

☐ Yes ☐ No

Signature

Date



PARA-CHURCH MINISTRY MEMBERSHIP FORM

This form is to be completed by current TFI member pastors who lead para-church ministries. As a benefit of being a member of The Fellowship International, we would like to include your ministry on our membership roster and advertise the works of your ministry at The Fellowship International events. Please provide us the following information:

Your Name: _____

Ministry Name: _____

Description of your ministry function:

Ministry contact information:

Website:

Please provide us with regular updates on what is happening in your ministry. Please also provide The Fellowship International office with your logo and valid web and email addresses.