



## 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?

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

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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?

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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? \_\_\_\_\_

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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

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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

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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.