



KINGDOM MANDATE GLOBAL NETWORK OF CLERGY NIGERIA
A SUBSIDIARY OF KINGDOM MANDATE GLOBAL
NETWORK OF CLERGY. NEW YORK, U.S.A
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**PLEASE
ATTACH A
RECENT
PASSPORT
PICTURE**

MEMBERSHIP FORM

APPLICANT: Please truthfully and accurately answer all questions & fill out all blanks. Missing information will result in unnecessary delay in processing your application. Falsified information will result in denial of your application or immediate cancellation of your licensing and/or ordination if discovery of falsehood occurs after credentials have been granted

1. PERSONAL INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.			
Last:		First:	
Address:	City:	ST:	Zip:
Spouse's Name (If applicable)	DOB: / /	Marital Status: Single <input type="checkbox"/> Divorced: <input type="checkbox"/> Married: <input type="checkbox"/> Separated <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
If currently engaged, Please send written confirmation once married to update our records			
Email:		Website:	
Jesus Christ is my Lord & I have been Born again. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have been Baptized in the Holy Spirit with the Evidence of Speaking in tongues. Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Baptized: / /	

2. CHURCH INFORMATION

Name of Church:	What is your Pastor's Name:		
Position Held in the Church:	For how long?:		
Church Address:	City:	ST:	Zip:
Church Phone:	Fax:	Website:	
What is your Spiritual calling? <input type="checkbox"/> Pastor <input type="checkbox"/> Evangelist <input type="checkbox"/> Teacher <input type="checkbox"/> Missionary <input type="checkbox"/> Other. Describe.....		Please list your known Spiritual Gifts? (Use the back of this form if necessary)	

MINISTRY HISTORY

Are you presently or have you ever been ordained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Organization:	Have you ever had ministerial credentials revoked/suspended? Yes.... No.... If Yes, please describe, including the resolution of the matter
Address:	City:	ST: Zip:

Personal Ministry/Character References: By listing references I give permission for a KMGNC Network Representative to make confidential contact with the persons named below

Please identify 2(Two) individuals other than a family member whom you have known for more than 1 (one) year.

Name:	Home/Cell number:		
Address:	City:	ST:	Zip:
Name:			
Address:	City:	ST:	Zip:

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder your ministry at this time? Yes.... No.... If Yes, Please explain: