



K-NET MEMBER APPLICATION

PLEASE COMPLETE BOTH SIDES OF APPLICATION.

Date _____

Ministry Name _____

Ministry Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Cellular _____ Email: _____

Web Address _____

Senior Pastor's Name _____

Spouse's Name _____

Children's Names and Ages _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Cellular _____ Email _____

Web Address _____

Secular Job (if any) _____

Work Address and Telephone _____

List the Ministers serving in your organization:

Ordained Ministers _____

Licensed Ministers _____

What is your current staffing?

Ministerial _____

Administrative _____

Other _____

Average Sunday Attendance _____

Ethnic background of your congregation (by percentage)

Asian _____ Black _____ Caucasian _____ Hispanic _____ Other _____

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What is the process for establishing membership in your church? _____

How was your Ministry established ? _____

Year Ministry was established _____ Confirmed by _____

List community affiliations, memberships or significant contacts _____

List affiliations with any other Network of Churches/Ministries _____

How do you expect K-NET to assist your ministry? (Please be specific) _____

Do you seek ordination through Kingdom Network of Ministries / Kingdom Life Christian Church? _____

How would you describe your ministry? Charismatic, Non- Inter-Denominational, Word of Faith, Other, etc.

Do you teach tithing and offering of first fruits unto God? Yes _____ No _____

Are you filled with the Baptism of the Holy Spirit with the evidence of speaking in tongues? Yes _____ No _____

How would you identify yourself as part of the Five-fold ministry? (*Apostle, prophet, evangelist, pastor or teacher*)

