



CONGREGATIONAL AFFILIATION APPLICATION

“This level of participation in the Harvest Network community is for members of local churches who desire to be directly informed of Harvest Network sponsored events, have access to Harvest Network’s resources and to participate in local ministry or training that does not require ordination.”

Please complete the attached application in its entirety, accompanied by the following items:

- A personal testimony of faith and ministry to the Lord Jesus Christ
- Name of a recommending Harvest Network Pastor (verification required)
- A \$10.00 processing fee (non-refundable).
- Annual Dues: \$50

CURRENT MINISTRY INVOLVEMENT

Please provide us with a summary of your CURRENT ministry involvement. Please include the name and description of the ministry, address and contact information (including website), who heads it along with his/her contact information, and detailed information on your role in the ministry and dates of your service in the ministry. Provide any contextual information that would be helpful to our understanding of your call (attach an additional page if necessary).

PAST MINISTRY INVOLVEMENT

Please provide us with a summary of your PAST ministry involvement (attach an additional page if necessary).

GENERAL INFORMATION

Name (Last, First Middle): _____

Date of Birth: _____ Citizenship: _____

Email: _____

Cell Phone: _____

Work Phone: _____ Home Phone: _____

Mailing Address: _____

City, State, Zip Code: _____

Country: _____

CHURCH INFORMATION

Do you belong to a local church? Yes No How Long?: _____

Your Church Pastor: _____ May we contact? Yes No

Pastor Phone: _____ Pastor Email: _____

Church Address: _____

Church Website: _____

Denominational Background: _____

MINISTRY INFORMATION

What is your role in Ministry?: _____

Are you in fulltime ministry? Yes No How Long?: _____

Ministry Type: _____

Ministry Address: _____

SPOUSE INFORMATION (IF APPLICABLE)

Name: _____ Anniversary: _____

Date of Birth: _____ Phone: _____

Email: _____

EMPLOYMENT INFORMATION

Current Employer: _____ How Long?: _____

Employer Address: _____

Employer Phone: _____ Employer Email: _____

Position: _____

PASTORAL REFERENCE

Name: _____ Phone: _____

Email: _____

Church: _____

PLEASE SEND THE FOLLOWING DOCUMENTS:

- Brief Personal Testimony
- Individual Photo

SIGNATURE:

I authorize the verification of the information provided on this form for membership purposes. I understand that this level of membership does not include credentialing as a minister.

Signature of Applicant: _____

Date: _____