



MINISTRY INTERNATIONAL INC.

A Ministry to Ministers

APPLICATION FOR MINISTRY CREDENTIALS

Name: Last _____ First _____ Middle Initial _____
 Date of Birth: (Mo-Day-Yr) _____ E-mail Address _____
 Mailing Address: Street _____
 City _____ State _____ Zip Code _____
 Contact Numbers: (Home) _____ (Work) _____ (Cell) _____
 How long have you been saved? _____ How long have you been Holy Spirit filled? _____
 How long have you attended a local Church? _____
 Pastor's name, phone number, e-mail address _____
 Who is the MII Minister that recommended you? _____
 If not recommended by a MII Minister, would your Pastor recommend you? _____
 Are you active in some form of ministry now, yes or no? _____
 Describe what you do in your ministry: _____

 How long have you been active in the ministry? _____ Do you agree with the doctrine of MII? _____

I am applying for credentials as (check one):

Helps Minister _____ Licensed Minister _____ Ordained Minister _____ Ordained Bishop _____

CHOOSE ONE OF THE BELOW OPTIONS:

Option 1: I agree to become a Partner with MII for a minimum of \$25.00 per month. (Married couple credential minimum is \$35.00 monthly) This amount will be automatically paid using my debit/credit card on a monthly basis. I choose Option 1 _____ (Yes or No)

Option 2: I agree to become a monthly tithing member (10% of my income) and receive MPC tithing member benefits. Please issue us your Social Security number or EIN number below. To know more about MPC you can go to our ministryinternational.tv website and review all the benefits that ministers receive as part of the MPC tithe sharing program, or call the office of MII and speak with a MII representative that will answer your questions.

I choose Option 2 and would like to become a tithing member and receive the MPC benefits. _____ (Yes or No)
 If yes, please provide your Soc. Sec. No. _____, or Ministry EIN No. _____ (required by IRS)

PLEASE PROVIDE DEBIT/CREDIT CARD INFO BELOW AND LIST AMOUNT BELOW:

Master Card _____ Visa _____ American Express _____ Discover _____
 Card Number _____ Exp. Date _____

CHOOSE ONE:

I agree to Partner with MII for \$ _____ per month (\$25.00 1 person/\$35.00 married couple minimum)
 I agree to Tithe monthly in the amount of \$ _____ per month. (10% of my income)

Name As Shown On Card (Please print) _____ Zip Code _____

Signature _____ Date _____

RECOMMENDATIONS: List below three persons who have personal knowledge of you and your ministry work. Please complete all items requested. At least one (preferably more) of your references should be ministers.

Name _____
Phone Number _____ E-mail address _____
How do they know you? _____

Name _____
Address _____
Phone Number _____ E-mail Address _____
How do they know you? _____

Name _____
Address _____
Phone Number _____ E-mail Address _____
How do they know you? _____

I hereby state that all the information contained in this application is correct and true to the best of my knowledge. I understand that completion of this application in no way guarantees or implies acceptance as a credentialed minister.

Your Signature _____ Date Signed _____