

Global Alliance Networks, Inc.

Please attach
recent photo
(high quality and

Minister's Application for Licensing/Provisional Ordination/Ordination

Name: _____ Date: _____

Status of credentials applying for: License _____ Provisional _____ Ordination _____

Home Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Date of Birth: _____ Social Security: _____

Marital Status: Single _____ Married _____
Divorced _____ Widowed _____

May we post your information on
our website in a password -
protected area? _____

Name of Spouse: _____

Names/Ages of Children: _____

Spouse Date of Birth: _____ Anniversary Date: _____

Church/Ministry Name and Address: _____

Church/Ministry Phone: _____

Web Site: _____

Which address would you prefer your correspondence to be mailed? Home or Church/Ministry

Position(s) held at above Church/Ministry: _____

This position is: Full-time _____ Part-time _____ Volunteer _____

Date of: Salvation _____ Holy Spirit Baptism _____

Evidence of Tongues? Yes or No

What is your denominational background? _____

Have you been ordained before? Yes or No

If so, by whom? _____

With whom are you presently affiliated? _____

Name of immediate overseer? _____

Please list your ministry experience: _____

What do you feel are your ministry gifts and calling?

Apostle _____ Evangelist _____ Exhorter _____ Missionary _____

Pastor _____ Teacher _____ Prophet _____ Other: _____

What are your immediate plans for ministry? _____

Education: College/Bible School

Degree/Diploma

Date

If you do not have Bible training, are you willing to pursue Bible training? Yes or No

If yes, please contact the Global Alliance Networks office for a list of college/correspondent schools.

Please describe why you desire to have credentials with GAN: _____

Please list five references - four of former churches, prayer groups or pastors and one current Global Alliance Networks member. Please include address and phone numbers for each.

If you are divorced, please explain the circumstances which brought it about: _____

If you are remarried, for how long? _____ Please explain circumstances: _____

Have you been baptized by immersion? _____

Do you use tobacco in any form? _____

If yes, please explain: _____

Do you: a) Abstain from drinking alcohol _____

b) Commit to use alcohol in moderation _____

Will you conduct yourself wisely toward the opposite sex as becomes a servant of the Lord? _____

Do you accept the church government as practiced by GAN churches? _____

Will you be loyal to those who are over you in the Lord? _____

Will you do your utmost to promote peace in the GAN family? _____

If at any time you believe that you cannot, or will not, conduct your life according to the terms set forth by the Fellowship, will you willingly and peacefully withdraw from the Fellowship? _____

If at any time the officers of the Fellowship believe that your conduct of life is in error, will you willingly appear before them upon their request? _____

The Fellowship is financially supported by credential based fees and love offerings within the membership. In order to defray the expenses of the Fellowship, would you be willing to support the Fellowship with the established monthly fee? _____ Please review the financial contribution guidelines online or request one from the office.

There is a NON-refundable application fee of \$115.00 which is to be paid at the time of application submission. There is also a renewal fee of \$100.00 per year to help pay for secretarial duties and materials in reference to the above business. The fiscal year begins on September 1 and ends August 31. Please make all checks payable to Global Alliance Networks. Mail application to Global Alliance Networks, 4101 W Green Oaks #305-242, Arlington, Texas, 76016.

I have read and do agree to abide by the statement of faith and the terms set forth in the charter of Global Alliance Networks, Inc.

I understand that the Global Alliance Networks, Inc., reserves the right to deny, revoke or withhold ministerial credentials.

Signature

Date

I have submitted my information for a background check with Protect My Ministry by including a signed, completed authorization with this application. _____ (Please initial). Go to www.globalalliancenetWORKS.org, under the Members tab, choose an option under the Protect My Ministry heading.

Please include the following with this application:

- 1. A short testimony of your salvation, baptism of the Holy Spirit and other pertinent information related to your call and ministry.**
- 2. A letter of recommendation from a Global Alliance Networks District Overseer.**
- 3. \$115.00 non-refundable application fee.**
- 4. A recent, high quality, reproducible photograph.**
- 5. A signed authorization for background check if one was not submitted online.**

**Global Alliance Networks, Inc. 4101 W Green Oaks #305-242 Arlington, TX 76016
817-677-1350 • globalalliancenetWORKS@gmail.com • www.globalalliancenetWORKS.org**