



REFORMATION3 NETWORK OF MINISTRIES & CHURCHES, 2 STERLING COURT, MUNDELLS, WELWYN GARDEN CITY, HERTFORDSHIRE, AL7 1FT, UNITED KINGDOM

Place  
Photo  
Here

**Application Form**

Please print in **BLOCK CAPITALS** when completing this Form

**CHURCH/MINISTRY/FELLOWSHIP GROUP INFORMATION**

**NAME OF CHURCH/MINISTRY/FELLOWSHIP GROUP:**

**FULL ADDRESS OF CHURCH/MINISTRY/FELLOWSHIP GROUP:**

<input type="text"/>	<b>POST CODE/ZIP CODE:</b>	<input type="text"/>
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**TELEPHONE NUMBER/S:**

<input type="text"/>	<input type="text"/>
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**HOW OLD IS YOUR CHURCH/MINISTRY/FELLOWSHIP GROUP?**

	<b>YEARS</b>
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	<b>MONTHS</b>
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**CHURCH/MINISTRY/FELLOWSHIP GROUP WEBSITE:**

**CHURCH/MINISTRY/FELLOWSHIP GROUP EMAIL ADDRESS:**

**CHURCH/MINISTRY/FELLOWSHIP GROUP AFFILIATION (If Applicable):**

**SIZE OF MEMBERSHIP (Please tick ✓):**

- Less than 100     100 - 300     300 - 500     500 – 1000     1000+

**YOUR TITLE: (Bishop, Apostle, Pastor, Etc.)**

**NAME OF YOUR PASTOR (IF APPLICABLE) - SURNAME/LAST NAME:**

**PASTOR/LEADER'S INFORMATION**

**YOUR FIRST/GIVEN NAME:**

**MIDDLE NAME:**

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**YOUR EDUCATIONAL AND/OR THEOLOGICAL QUALIFICATIONS**

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**EMAIL ADDRESS:**

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**ORDAINED:**  Yes  No

**NUMBER OF YEARS IN ACTIVE MINISTRY SERVICE:**

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**TELEPHONE NUMBER/S:**

Mobile/Cell		Other	
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**MARITAL STATUS:**

Single  Married  Divorced  Separated  Widowed

**IF MARRIED, NAME OF SPOUSE:**

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**AREAS OF GIFTING:**

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**WHAT ATTRACTED YOU TO THIS FELLOWSHIP?**