

**NETWORK OF LOCAL CHURCHES, INC.**

**2100 Agler Road  
Columbus, Ohio 43224  
(614) 471-9673  
(614) 471-7665 (Fax)  
www.rhemachristiancenter.com**

PLEASE TYPE OR PRINT LEGIBLY, FILL IN COMPLETELY  
AND RETURN WITH YOUR \$75 APPLICATION FEE

(Use additional pages as needed)

**APPLICATION FOR MEMBERSHIP**



- CHRISTIAN WORKER** - Those called in various fields as helpers
- COMMISSION TO PREACH** - Those with a definite call to ministry
- LICENSED MINISTER** - Those with some ministry experience
- ORDAINED MINISTER** - Those with an established and proven ministry

Attach recent photograph

(Application will not be processed without photo)

1. Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. A first name by which you prefer to be addressed \_\_\_\_\_
4. Driver License No. \_\_\_\_\_ State \_\_\_\_\_
5. Street Address \_\_\_\_\_
6. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. Country (if applicable) \_\_\_\_\_

8. Phone: (Res) (\_\_\_\_) \_\_\_\_\_ (Bus) (\_\_\_\_) \_\_\_\_\_ (Fax) (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

9. Nationality \_\_\_\_\_

10. Date of Birth \_\_\_\_\_  Male  Female

11. Marital Status: (check accordingly)  Single  Married  Widowed  Separated  Divorced  Remarried  
 (If separated, divorced or remarried, please attach a SEPARATE summary statement)  
 Wedding Anniversary Date \_\_\_\_\_

12. Name of Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

13. A first name by which he/she prefers to be addressed \_\_\_\_\_

14. Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_

15. Number of children living with you \_\_\_\_\_ Name(s) and age(s) of children \_\_\_\_\_  
 \_\_\_\_\_

16. When and where were you baptized? Name of church \_\_\_\_\_  
 Location: City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

17. What is the name and address of your home church? \_\_\_\_\_  
 \_\_\_\_\_  
 Who is the Senior Pastor there? \_\_\_\_\_

18. What is the name and address of the church you are PRESENTLY attending? \_\_\_\_\_  
 \_\_\_\_\_

19. How long have you been attending regularly there? \_\_\_\_\_
- a. What is the name of the Senior Pastor or Staff Pastor who is MOST familiar with you and your ministry gifts? \_\_\_\_\_
- b. What is the phone number of this church (\_\_\_\_\_) \_\_\_\_\_
- c. Please circle the average Sunday morning attendance (choose the number closet to the count).  
 10,000 7,500 5,000 3,500 2,000 1,000 800 600 400 200 200 75 50
20. Are you a Senior Pastor of a local congregation?  Yes  No Do you presently serve on the staff of a local church?  
 Yes  No
21. What is your spiritual calling?  Pastor  Evangelist  Teacher  Missionary (Country \_\_\_\_\_)  
 Other \_\_\_\_\_  
 Describe: \_\_\_\_\_
22. How much time do you devote to your calling? (check one)  100%  75%  50%  25%  Less \_\_\_\_\_
23. How are you supported financially? \_\_\_\_\_
- a. Do you have another occupation?  Yes  No If so, what? \_\_\_\_\_
- b. Name of business were you are employed \_\_\_\_\_
- c. Hours per week \_\_\_\_\_ Work Phone Number \_\_\_\_\_
24. Are your finances in good order?  Yes  No  
 Do you have a good financial record?  Yes  No  
 Is your credit rating honorable to the name of Christ?  Yes  No  
 If you have answered no to any of the questions in number 27, please explain in detail on a separate sheet of paper.
25. If previously licensed or ordained, check accordingly:  
 Licensed month \_\_\_\_\_, day \_\_\_\_\_, year \_\_\_\_  Ordained month \_\_\_\_\_, day \_\_\_\_\_, year \_\_\_\_  
 By whom? \_\_\_\_\_
26. Have you considered the Statement of Faith and are you in agreement with it?  Yes  No
27. Have you considered our Code of Ministerial Ethics and Constructive Discipline Policy and do you agree to abide by them?  
 Yes  No
28. Do you have a criminal record or charges pending against you?  Yes  No If yes, explain each incident indicating whether or not the matter is resolved and under the blood of Christ and that restitution has been made where Biblically appropriate and possible (use additional pages). An additional fee may be charged to cover the cost of a criminal records check.
29. Do you agree to live a Biblically moral lifestyle; one worthy of the Christian ministry profession?  Yes  No
30. Are you available for a personal interview in your Regional area?  Yes  No
31. Do you understand and agree that should you voluntarily withdraw from the Fellowship, fail to renew membership or have your membership removed for just cause, you must return your NLC membership I.D. card and wall certificate to the NLC office with 30 days of membership expiration?  Yes  No Do you agree to do so?  Yes  No
32. Have you read our requirements for General Membership and do you qualify for membership by these standards?  
 Yes  No

33. Though no formal education is required for membership list the names and location of any schools you have attended.

Name and Location of School (City/State)	Graduated	Years Completed	Degree(s) Achieved
A) High School _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
B) University or Bible College _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
C) Graduate School _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
D) Seminary _____ City _____ State _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
E) Correspondence courses completed _____			_____
F) Seminars/Workshops/Conferences Attended: _____			_____

34. List below the name, address, and phone number of three personal references who are acquainted with your ministry gifts and history of your Christian service including on line #1 your Pastor or another Pastor of an established congregation. Include area codes with your phone numbers. A fax number is very helpful. Additional references may include ministers, elders, deacons, and other religious leaders.

- |                  |                  |              |                  |       |
|------------------|------------------|--------------|------------------|-------|
| (Name)           | (Street Address) | (City)       | (State)          | (Zip) |
| (Home Phone)     | (Work Phone)     | (Fax Number) | (E-mail Address) |       |
| (Name of Church) | (Street Address) | (City)       | (State)          | (Zip) |

(Must be your current pastor, previous pastor or a current pastor of another established congregation)
- |                  |                  |              |                  |       |
|------------------|------------------|--------------|------------------|-------|
| (Name)           | (Street Address) | (City)       | (State)          | (Zip) |
| (Home Phone)     | (Work Phone)     | (Fax Number) | (E-mail Address) |       |
| (Name of Church) | (Street Address) | (City)       | (State)          | (Zip) |

(Must be your current pastor, previous pastor or a current pastor of another established congregation)
- |                  |                  |              |                  |       |
|------------------|------------------|--------------|------------------|-------|
| (Name)           | (Street Address) | (City)       | (State)          | (Zip) |
| (Home Phone)     | (Work Phone)     | (Fax Number) | (E-mail Address) |       |
| (Name of Church) | (Street Address) | (City)       | (State)          | (Zip) |

(Must be your current pastor, previous pastor or a current pastor of another established congregation)

35. Financial Plan. All members are required to pay their annual membership fee. However, since our membership fees do not cover all of our operational costs, we request that you prayerfully consider participation in one of our volunteer giving programs (see enclosed program description entitled, "The Lord's Supply"). Please complete the Faith Promise, sign and return it with your application and \$75 application fee.

This agreement is for your protection and the protection of the other members of the NLC. If you have any questions, please feel free to call our office and talk to one of our staff people. We are here to help you.

**AGREEMENT**

I acknowledge and affirm that the information provided by me in this Application, including all attachments and exhibits, is true and correct to the best of my knowledge. I understand that if I am granted general membership or receive credentials of any kind from The Network of Local Churches (NLC), my membership and any credentials may be withdrawn or terminated by NLC, at any time and without notice, if any information is false or misleading.

I hereby authorize NLC and its agents to conduct a complete investigation of my

background, character, reputation and fitness, before granting me general membership in NLC or affording me any credentials or certification.

This Application shall constitute authority to all of my past and present employers, to all educational institutions I have attended, to all religious institutions and other organizations to which I have been associated, to all government entities (including criminal records check), and to any other person or entity having information about me, to fully disclose such information to NLC. Such information includes, but shall not be limited to, personnel files and records, grades and grade point averages and transcripts, earned degrees, professional licenses, attendance and discipline records, complaints, suspensions, license revocations or fines, and such other oral and written information which, in the exclusive discretion of NLC, may be relevant to

determining my suitability for general membership and credentials of any kind.

I hereby release any such employer, educational or religious institution, government entity, and other person or entity, and their representatives and agents from any claim or liability of any kind for complying with such information requests of NLC. I also hereby release NLC and its representatives and agents from any claim or liability of any kind in conducting such investigation.

I authorize the making and retention of photocopies or facsimiles of all such information, and request that photocopies or facsimile copies be accepted on the same basis as original documents.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and affirmed to before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Notary Public \_\_\_\_\_ Notary Stamp

## CODE OF ETHICS

Each member of NLC will agree to the following ethical standards in all aspects of life and ministry. I will:

- Maintain high standards of moral, financial and business integrity in all my life and ministries in order that the work of the Lord not be blamed;
- Actively pursue relationships and fellowships with the other ministries and churches within my locality, state, and nation;
- Maintain a teachable spirit, and a willingness to learn from other leaders in the Network;
- Endeavor to maintain a spirit to build up, other ministers and the ministries of the Body of Christ;
- Follow the process as commanded in Scripture (Matthew 18:15-20 and I Corinthians 6:1-8) when faced with a brother or sister in violation of this code or other biblical or moral standards;
- I have read the Articles of Incorporation, By-laws and Constructive Discipline Policy of The Network of Local Churches and agree to abide by them.

Please sign and return with application.

---

Signature