



Abba's Army Apostolic Alliance A²

INSTRUCTIONS:

PLEASE SIGN BELOW AND MAIL THIS FORM ALONG WITH THE THREE PAGE APPLICATION AND YOUR APPLICATION FEE AMOUNT TO THE LISTED ADDRESS.

PLEASE DO NOT SEND CASH.
THANK YOU

Application Fee: \$100.00 (Non-refundable)
Fellowship Church/Organization: \$500.00
Individual: \$200.00

Please check the alliance status you are applying for. Application Fee amount is non-refundable

- Fellowship Church/Organization
- Covenant Church
- Church Plant
- Fellowship Pastor/Minister
- Covenant Pastor/Minister
- Son/Daughter of the House

NAME: _____

TITLE: _____

DATE: _____

Abba's Army Apostolic Alliance A²

Membership Application

Date: _____

Last Name: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip _____ Country _____

Home Phone: _____ Cell Phone _____ Fax _____

Email (1): _____ Social Media Site(s) _____

D.O.B: _____ Age: _____ Age of New Birth: _____

FAMILY INFORMATION Marital Status: () Single () Married () Divorced () Widowed

Spouse Name (First): _____ Middle: _____

D.O.B: _____ Age: _____ Age of New Birth: _____

MEMBERS OF YOUR HOUSEHOLD (Attach separate sheet if additional space is needed)

Name	Relationship
_____	_____
_____	_____
_____	_____

EDUCATIONAL INFORMATION

High School (circle grade completed) 9 10 11 12 College (circle level completed) 13 14 15 16 17 18

College (Secular or Bible) _____ Location _____ Years attended or Degree _____

CHURCH/MINISTRY INFORMATION

Name of your Church/Ministry: _____

How long in this Ministry: _____

Ministry Position: _____ Are you the Senior Pastor? () Yes () No

Are you seeking an Apostolic covering for your Church? () Yes () No

Will your membership to the Alliance include your church? () Yes () No

Size of Church membership: _____ Number of church staff: _____ How many in leadership: _____

Denomination Affiliation: _____

Membership Application (Page 2)

CHURCH/MINISTRY CONTACT INFORMATION

Name of Contact Person: _____ Title: _____
_____ Title: _____

Church/Ministry Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Church/Ministry Phone #: _____ Fax: _____

Email: _____ Website: _____

Office Hours: _____

MINISTRY INFORMATION

Briefly describe your call to Ministry:

What is your major ministry burden/passion now? _____

Why are you applying for membership with the Alliance?

What gifts of helps are you bringing to the Alliance?

Please list current ministry certifications you now hold:

Licensed with _____ Date: _____

Ordained with _____ Date: _____

Fellowship Memberships _____ Date: _____

_____ Date: _____

Have you ever been disciplined and/or expelled by a church or denomination? () Yes () No

If yes, please explain _____

(Attach separate paper if necessary)

Membership Application (Page 3)

REFERENCE INFORMATION

What current member of Abba's Army Apostolic Alliance recommended you for membership?

What is your relationship to the current Alliance member?

List three (3) Ministers who would give an honest evaluation and commendation of you and your ministry:

1. Name _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Alt. Phone _____
Position: _____ Relationship to you: _____

2. Name _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Alt. Phone _____
Position: _____ Relationship to you: _____

3. Name _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Alt. Phone _____
Position: _____ Relationship to you: _____

Briefly state what you think they would say and why they would make such statements.

AGREEMENT:

I attest that I understand the affiliation requirements of the Abba's Army Apostolic Alliance, and I am in full agreement with the same. Further, I attest that I am in full agreement with the vision, purpose and beliefs of the Alliance.

Applicant's Signature _____ Date: _____