



FELLOWSHIP OF CHURCHES AND MINISTERS

Individual Minister Application

Please attach application fee of \$75.00 USD. Application will *not* be processed without payment. Checks are Payable to "CTMI".

Please Indicate Method of Payment:

☐ Visa ☐ MasterCard Money Order or Check #: _____

Card Number: _____

Name on Card: _____

Amount: \$ _____ Card Exp. Date: ____/____/____

Signature: _____

***Required**
Attach a Recent Photo
"Head & Shoulders"

U.S (2in x 2in)
Int. (51mm x 51mm)

I am applying for:

- ☐ Membership
☐ Certification
☐ Ordination/License

Personal Information

Mr./Mrs./ Ms.: _____
(LAST) (FIRST) (MIDDLE)

Present Address: _____
(APT #)

(CITY) (State) (ZIP) (COUNTRY)

Phone: (____) ____-____ Cell Phone: (____) ____-____

Email: _____

U.S. Citizen? ☐ YES ☐ NO If no, Country of Citizenship: _____

****If you are a permanent resident of the USA please attach copy of your green card.**

Sex: ☐ MALE ☐ FEMALE Date of Birth: ____/____/____ Age: ____

Spouse Name: _____ Date of Birth: ____/____/____ Age: ____

Marital Status: ☐ Single ☐ *Engaged ☐ **Married ☐ Divorced ☐ Separated

If less than one year, list the name of the church you formerly attended, including address, phone number, and senior pastor's name, as well as how long you attended and reason for leaving:

Personal/Ministry Character References

Please identify two references other than family members who have known you for more than a year.

(NAME) (STREET ADDRESS)

(CITY) (State) (ZIP) (COUNTRY)

Phone: (____) ____ - _____

(NAME) (STREET ADDRESS)

(CITY) (State) (ZIP) (COUNTRY)

Phone: (____) ____ - _____

Your Spiritual Journey

Date you were saved: ____ / ____ / ____ Were you raised in a Christian home? YES NO

Denomination/Organization: _____

BRIEFLY relate your conversion experience: _____

Date you were baptized by immersion: ____ / ____ / ____

Date you were baptized with the Holy Spirit with the evidence of speaking in tongues: ____ / ____ / ____

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, do you feel there is any area of your personal or professional life that would hinder your ministry at this time? YES NO

If yes, please explain: _____

Do you currently use tobacco, alcohol, or illegal drugs? YES NO

If so, please explain on a separate sheet.

Are you familiar with the ministry of Dr. Cindy Trimm? YES NO

Have you read any of her material, listened to her tapes, or watched her sermons? YES NO

Your Vision

In an effort to understand your vision concerning your ministry, ***please attach a one page typed essay.***

Your Ministry

Do you have a definite call of God on your life to enter the full-time ministry? YES NO

If yes, please explain on a separate sheet.

In an effort to understand your current involvement in ministry, ***please attach a one-page typed essay with an explanation.***

Are you presently or have you ever been licensed or ordained? YES NO

If so, please list the title and denomination/organization and date of credential (**please attach a copy**):

If you plan to leave or have left the denomination/organization where credentialed, please explain:

Identify the key area(s) of the five-fold ministry, according to Ephesians 4:11, in which you are called by God:

Your Interest in CTMI Fellowship

Do you agree with the Cindy Trimm Ministries International Fellowship Statement of Faith? YES NO

If you disagree with any point, please explain on a separate sheet of paper.

Why do you want to join CTMI Fellowship and how can CTMI Fellowship help you in your ministry?

Have you previously submitted an application to CTMI Fellowship? YES NO

If so, when: _____

Statement of Truth

I understand all items submitted to CTMI Fellowship as a part of this application process become the permanent property of Cindy Trimm Ministries International and will not be returned.

This application will be held in confidence. Only those persons with a need to know will review it. I hereby grant Cindy Trimm Ministries International and its leadership permission to verify the information provided on this application including references and recommendations, and to conduct background checks as long as I am a member.

I hereby state that all the information contained on this application is correct and true. If Cindy Trimm Ministries International is notified that any of the information contained on this application is false; it will be grounds for immediate cancellation of application procedure and/or revocation.

(SIGNATURE OF APPLICANT)

(DATE)

CTMI Fellowship Minister's Covenant

Upon acceptance of ministerial credentials from Cindy Trimm Ministries International Fellowship (CTMI Fellowship), I hereby agree to covenant based on the following.

To uphold the biblical standards of holiness and godly conduct that are set forth in the Word of God governing ministers in my personal life as well as my professional life;

To submit to the leadership and covering provided by CTMI Fellowship by yielding to the wisdom, counsel and restoration offered through its leadership;

To commit to the CTMI Fellowship Statement of Faith, thereby ministering sound doctrine at all meetings and functions hosted by and independent of the Fellowship;

To maintain a level of excellence and quality of ministry that will enhance and be of benefit to the CTMI Fellowship.

I prayerfully and willfully submit this application this _____ day of _____, 20_____.
(MONTH)

(SIGNATURE OF THE APPLICANT)

(APOSTOLIC COUNCIL SIGNATURE OF APPROVAL)

(DATE OF APPROVAL)