



Application for Membership

A.I.I.M.F.

PO BOX 86550, Portland, Oregon 97286, 1-503-235-2127

Fax 1-503-517-7769

**ATTACH
PHOTO**

Please attach a photo and provide all the information requested. The application may be mailed to the above address.

APPLICANT

Name _____ Spouse's Name _____

Address _____ Phone _____

City _____ State _____ Country _____ Zip Code _____

Fax () _____ E-mail _____

Ordination/Licensing Body

Ordination/Licensing Date _____ Ministry Position _____

CHURCH

Name _____ Affiliation, if any _____

Address _____ Phone () _____

City _____ State _____ Country _____ Zip Code _____

Fax () _____ E-mail _____



A.I.I.M.F.

(***A*cts *I*nspired *I*nternational *M*inistries *F*ellowship**)

Fellowship Questionnaire

Name _____



1. List anybody or bodies from which you hold ordination papers and/or ministerial license.

2. Do you belong to any other minister's organization? _____ If yes, briefly describe the organization and the nature of your relationship to it.

3. Describe the administrative setup of your church that would reflect the functioning of your church.

4. What are your ministry goals?



5. Give a brief summary of your weekly ministry schedule.

6. To what extent does your ministry pray and fast as a *leadership*?

7. To what extent does your ministry pray and fast as a *congregation*?

8. List the various ministries within your church.

9. What is the requirement for those who desire to become a member of your church?



10. In a few words, indicate how A.I.I.M.F. can best help your ministry.

All Applicants please Include:

To this completed questionnaire, please attach a copy of the following items:

_____ Copy of your IRS 501(c)(3) tax exempt determination letter

_____ \$75 Annual Membership Fee

_____ Statement of Faith

_____ Any printed material that will help us understand the vision of your church

All requested items should be attached with A.I.I.M.F. application and mailed to:

A.I.I.M.F.
PO BOX 86550
Portland, Oregon 97286