



P.O. Box 7722
 Champaign, IL 61826
 Office: (217) 355-5008
 Fax: (217) 355-5408
 GloryAlliance@gmail.com

Please Attach
 Current Photo Here
 (head and shoulders only)

APPLICATION FOR MEMBERSHIP

PLEASE TYPE or PRINT CLEARLY. If a question does not apply, print "N/A."

Date: _____

PERSONAL INFORMATION

Name (Last, First, MI): _____

Title: _____

Gender: Male Female DOB: ___/___/___ Place of Birth: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____

Home Address (if different): _____

City: _____ State/Province: _____ Zip Code: _____

Citizenship: _____ ID/Passport Number: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Personal Website (if applicable): _____

Place of Employment: _____

Title: _____

Address: _____

Work Phone: _____ Supervisor: _____

Marital Status: _____ Spouse: _____

Number of Children: ___ Names/Ages: _____

MINISTRY INFORMATION

Year Born Again: _____ Year Water Baptized: _____ Year Spirit Baptized: _____

Home Church: _____

Denomination/Organization Affiliation: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

What is the average Sunday morning attendance of your church? _____

Are you on paid staff at this church? Yes No

Have you ever been licensed or ordained?

If yes, then by what church(es) or organization(s) and when?

Are you the Senior Minister of your church? Yes No

If yes: When did you begin? _____

Are you the founder of the church? _____

If no: Who are the Senior Ministers? _____

How long have you been associated with this church? _____

If less than one year, list former church: _____

What is your ministry position/role? _____

Are you called to Five-Fold Ministry? Yes No

What is your primary calling? Apostle Prophet Evangelist Pastor Teacher

Are you called to be a Marketplace Minister? _____

(If yes, only answer the rest of the questions that are applicable to you.)

Are you currently recognized as having the fruit of works and walking in the office of this calling, or are you emerging (developing and maturing) into this office? If recognized, how long?

If you are emerging into your higher calling, what other areas of ministry has God had you in preparation? (For example – Paul and Barnabas were first called prophets and teachers in the Antioch Church before being sent out in Acts 13:2. Thereafter, they were called apostles.)

When did you first sense a call to the ministry? Briefly explain in the space provided.

If not called to Five-Fold Ministry, then to what ministry have you been called?

Briefly describe what your primary ministry is, and the vision God has given you for it.

What would you consider to be your primary ministry strengths?

Do you presently hold credentials with any organization or denomination? If so, please list.

Have your credentials ever been revoked or suspended? Yes No If yes, please explain:

Have you ever had disciplinary action of any sort taken against you by any of the organizations in which you have held credentials? Yes No If yes, please explain:

With what other religious organizations or ministries have you been in relationship?

Have you traveled to other nations for ministry? Yes No

If yes, where and when? _____

If no, do you have a desire to travel to the nations and minister? Yes No

Are there any particular nations you have a burden for? _____

Select the type of membership affiliation you wish to seek with the Glory Alliance. (See the GA Handbook for explanations of each affiliation.)

Five-Fold Ministerial Affiliation

Church Affiliation

Church Name: _____

Trans-Local or Para-Church Ministry Affiliation

Ministry Name: _____

Organization Affiliation

Organization Name: _____

Market-Place Minister Affiliation

Business Name: _____

Are you seeking Five-Fold Ministry ordination from the Glory Alliance? Yes No

(If yes, refer to the GA Handbook for ordination requirements and instructions.)

How did you come into contact with the Glory Alliance and the ministry of Apostle C.D. Nesbitt?

Why do you desire to affiliate with Apostle C.D. Nesbitt and the Glory Alliance?

RECOMMENDATIONS

Is there a Glory Alliance member recommending you for affiliation? Yes No

If yes, who? _____

Please furnish letters of recommendation in sealed envelopes along with your application. If a Glory Alliance member is recommending you, you must furnish their recommendation, plus one other. If you do NOT have a recommendation from a Glory Alliance member, then you must furnish 3 letters of recommendation from pastors or ministers who have known you for at least 2 years and can personally attest to the validity of your ministry and character. Please indicate the individuals from whom you will be getting your recommendations below.

1. Reference: _____

Relation to Applicant: _____ How long have you known them? _____

Address: _____

Phone: _____ Email: _____

2. Reference: _____

Relation to Applicant: _____ How long have you known them? _____

Address: _____

Phone: _____ Email: _____

3. Reference: _____

Relation to Applicant: _____ How long have you known them? _____

Address: _____

Phone: _____ Email: _____

METHOD OF PAYMENT

Annual Membership Fee: \$200.00

(If for some reason your application is not approved, you will receive a refund check of \$170 within 6-8 weeks. Each application is assessed a non-refundable \$30 processing fee.)

Check method of payment:

(Please make Money Order or Check payable to Glory Alliance and attach to this application.)

Money Order Check Visa AMEX MasterCard Discover

Name on Card _____

Card Number _____ Expiration Date _____

Amount \$ _____ Signature _____

STATEMENT OF TRUTH

I understand that all items submitted to the Glory Alliance as part of the application process become the permanent property of the Glory Alliance and will not be returned.

This application will be held in confidentiality. Only those persons with a need-to-know will review it. I grant the Glory Alliance and its leadership permission to verify the information provided on this application and all membership requirements.

I hereby state that all the information contained on this application and all correspondence with the Glory Alliance is correct and true. If the Glory Alliance is notified that any of the information contained in this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation of membership.

Signature

Date

FOR ADMINISTRATIVE USE ONLY:

Application Received _____

This application is approved denied deferred for resubmission

Comments:

Signature: _____

Date: _____