



IFM LICENSING APPLICATION

APPLICANT INFORMATION

Name:		
Phone:	Email:	
Current address:		
City:	State:	ZIP Code:
Church Affiliation:		Pastor's Name:
Name of Ministry:		
Type of Ministry:		How long?
City/state where ministry will be based:		

SPOUSE INFORMATION IF JOINT APPLICATION

Name:	
Phone:	Email:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

GOD'S CALLING

I believe that God has called me to serve as a:
(Spouse) I believe that God has called me to serve as a:

REFERENCES

Name	Address	Phone

ADDITIONAL COMMENTS FOR CONSIDERATION

SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: