



"Building Bridges Across Canada And To The Nations"

CFCM NATIONAL OFFICE

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AFFILIATE MEMBERSHIP APPLICATION

Office Use Only

Membership Fee: _____

Membership No.: _____

District Director: _____

Area Director: _____

Processing Date: _____

**PLEASE ATTACH
PHOTO HERE**
(Passport Photo Preferred)

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

HOME PHONE: () _____

PROVINCE: _____

CELL PHONE: () _____

POSTAL CODE: _____

HOME FAX: () _____

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

(If different from above address)

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

Single: _____ Married (Date): _____ Widowed (Date): _____

Divorced (Date): _____ Remarried (Date): _____

Spouse's Name: _____ Number of Dependents: _____

Date of Birth: _____ Date you were born again: _____

Date you were filled with the Holy Spirit: _____

YOUR CHURCH/ MINISTRY

NAME: _____
(If not presently ministering, then the name of the church you are attending)

ADDRESS: _____

CITY: _____

PHONE: () _____

PROVINCE: _____

FAX: () _____

POSTAL CODE: _____

E-MAIL ADDRESS: _____

PRESENT/ PREVIOUS MINISTERIAL STATUS:

Licensed by: _____ Date: _____

Address: _____ City: _____ Prov: _____ PC: _____

Ordained by: _____ Date: _____

Address: _____ City: _____ Prov: _____ PC: _____

Present Marriage Registration Number (if applicable): _____

With which organization? _____

What church, fellowship or organization have you carried ministerial papers with? (If different from above)

EDUCATION/BIBLE SCHOOL

List Schools attended (Bible, trade, correspondence, college):

Bible College name: _____ Length of Course: _____

Dates attended: _____ to _____ Date Graduated: _____

Seminary name: _____ Length of Course: _____

Dates attended: _____ to _____ Date Graduated: _____

Degree Attained: _____

University name: _____ Length of Course: _____

Dates attended: _____ to _____ Date Graduated: _____

Degree Attained: _____

Other: _____

PRACTICAL PREPARATION/EXPERIENCE

Pastor: _____ from _____ to _____
(name of church)

Teacher: _____ from _____ to _____
(name of church or college)

Age Group: _____ from _____ to _____

Church Elder: _____ from _____ to _____
(name of church)

Evangelistic Meeting: _____ Location: _____
_____ Location: _____

Churches Planted: _____ Location: _____
_____ Location: _____

Other: _____

MINISTRY OFFICE

_____ Apostle	_____ Associate Minister
_____ Prophet	_____ Administrative
_____ Evangelist	_____ Helps (describe)
_____ Pastor	_____
_____ Teacher	_____ Missionary
_____ Chaplain	_____

Activity:

Full Time _____ Part Time _____ Inactive _____ Retired _____

Employment, if not in full time ministry _____

Have you ever had any civil or criminal proceedings against you? _____

If yes, please explain: _____

Are there currently any judgments against you? _____ If yes, please explain below:

YOUR SPONSOR

NAME: _____

ADDRESS: _____

CITY: _____

HOME PHONE: () _____

PROVINCE: _____

BUS PHONE: () _____

POSTAL CODE: _____

BUS FAX: () _____

E-MAIL ADDRESS: _____

CHURCH: _____

LICENSING AND ORDINATION POLICY

Members of CFCM are registered into one of three categories. These credentials issued by CFCM at the discretion of the Board of Trustees to it’s members and recognized by the government are as follows:

RECOGNITION - is an acknowledgement of a part-time bonafide ministry approved by the local church.

LICENSING - is a level of authority enabling the member to perform ministerial responsibilities and establishes a waiting period before CFCM recognizes Ordination.

ORDINATION - is a recognition of ministry. We acknowledge the gifting of God for ministry. This is the highest form of credentialing by CFCM. (A copy of your Ordination Certificate or letter from your Ordaining Minister must be attached to this application).

NOTE: Your credentialing classification will be discussed with you by your Area Director.

If you are approved as a member of CFCM with the status of ‘Ordained’, we can apply to the Vital Statistics office in your province to register you to perform marriages. Should you desire this registration you must advise our office as it is not automatically done for you. Do you desire this registration?

SPONSORSHIP

SPONSOR - CFCM believes that all are sheep and need to be shepherded. (*John 10:11*) We believe that each affiliate member must have someone he or she relates to in a Pastoral role. We expect the ‘Sponsor’ to fulfill that role.

A Sponsor is accepting the fact that his/hers is a functional pastoral role with that particular person. A Sponsor should be someone of reputable Christian Character, who is in agreement with the basic philosophy of CFCM and who is presently speaking into the applicant’s or affiliate member’s life and does not have to be a member of CFCM.

When a Sponsor is not able or does no longer desire to sponsor a particular affiliate and the sponsorship is dropped, then the affiliate’s membership with CFCM is automatically terminated at that time. It is then required of the person to reapply for membership in CFCM.

Each local church is encouraged to set apart those with a proven and recognized ministry. The faithfulness of the applicant in a local church setting will be one of the most favorable factors in the acceptance procedure.

I realize that in order for my application to be processed, it is necessary to complete an interview with an Area Director of CFCM. I will make myself available to an Area Director as quickly as is mutually possible to complete. Where a candidate for membership is unknown to the National directors, or is sponsored by an individual who is not a member of CFCM, that candidate will be approved for a probationary membership period of two years. Following completion of the probationary period the appropriate Area and District director will then review the candidate for full membership status.

Signature of Applicant

Date