



P.O. BOX 52393 - JACKSONVILLE, FLORIDA 32201

MEMBERSHIP APPLICATION

GPH ACCOUNT NUMBER (FROM YOUR FELLOWSHIP CARD) _____

NAME (AS LISTED ON YOUR FELLOWSHIP CARD) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ DISTRICT _____ PHONE _____ FAX _____

BIRTH DATE _____ MARITAL STATUS _____ RACE _____ SPOUSE _____

PRESENT MINISTRY _____ IF SR PASTOR CHURCH NAME _____

LOCATION _____ MINISTER'S EMAIL _____

1. If a staff member, name of church and location _____
2. Do you hold credentials? _____ If so, mark one. ORD. LIC. SPIC LIC. C.M. Spouse's Birth Date _____
3. Do your spouse hold credentials? _____ If so, mark one. ORD. LIC. SPIC LIC. C.M.
4. Number of children including those not at home _____ Member of what section? _____
5. Are you willing to financially support the National Black Fellowship? Yes No \$ _____
6. Constitution and Bylaws Article XI. Finances
 - a. Dues for individual Ministers should be at least \$50.00 per year and at least \$100.00 per year for churches.
 - b. Are you willing to abide by the Constitution and Bylaws of National Black Fellowship? Yes No

Signature _____ Date _____

For National Black Fellowship use only	Approval for Membership
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
_____ Date _____ Signed by President or Secretary (strike out one)	