

Dear Prospective Member

Thank you for expressing your desire to become a member of ICFM. As you know, ICFM is dedicated to promoting the Word of Faith, and bringing unity and fellowship amongst various ministries and callings that are in the World today. ICFM Australia is part of a growing world-wide organisation designed to assist you to become more effective and for you to help others.

It is with pleasure that we enclose the application form for you to complete. You will find these instructions helpful in completing the form:

1. Your Affiliate Membership Pack should contain the following forms:
 - Introductory Letter
 - Affiliate Members Application
 - Sponsorship Recommendation
 - Ministers Recommendation & cover letter
 - Trustees Contact Details
2. You will need to be sponsored by an ICFM trustee. Contact addresses are enclosed. Make sure your sponsor fills out and returns to you in a sealed envelope the “*Sponsorship Recommendation*” form.
3. Please fill out the application form completely, being sure to sign it and to attach a current passport size photo for identification purposes.
4. The “*Minister’s Recommendation*” to be complete by your spiritual oversight.
5. When you have completed the application form and the two letters of recommendation as well as the *Sponsors Recommendation* have been returned to you, send all four (4) forms, together with fees
 - (a) A non-refundable application fee of A\$22 (inc.GST)
 - (b) Your first years membership fee of \$110 (inc GST)Total is \$132 (inc GST) to your state Trustee. The addresses are in the back of this application pack
Note: A Tax Invoice quoting our ABN 20 008 636 075 will be sent to you with our receipt.
6. If applicable, please enclose a photocopy of your Ordination and/or Licence Certificate.
7. Your Spouse may also apply and must complete a separate full application form. Spouse membership is free if accompanied by a paid membership.
8. Upon receipt of all forms and application fee, your application will be processed and upon approval endorsed by the Australian Trustees, then sent to our International Headquarters in Arlington, Texas, USA. Once accepted, your application fee becomes the paid up membership fee for the current membership year. The Membership year is from 1 March to 28 February. Affiliate Membership Renewal Notices will be sent out in January. Prompt payment of dues will ensure continued membership.
9. We will acknowledge receipt of your application and fee by return mail. Notification of approval of your acceptance will be mailed to you as soon as possible from the International Headquarters of ICFM, Arlington, Texas, USA.

Thank you for your interest in ICFM. We look forward to an association of mutual benefit as we continue to promote the Word of Faith throughout our nation and world. Please do not hesitate to contact our main office if you have any queries.

Yours in His Service.

Rev. Col Stringer
Australian President
ICFM AUSTRALIA



INTERNATIONAL CONVENTION OF FAITH MINISTRIES

MEMBERSHIP APPLICATION

PLEASE USE BLOCK LETTERS

1. Title (Rev. / Pastor / Mr / Mrs / etc).....
2. Surname..... Date of Birth.....
3. Christian Names.....
4. Home Address.....
..... P/code..... Telephone (.....).....
5. Ministry/Church Name.....
6. Ministry Address.....
..... P/code..... Telephone (.....).....
7. E-mail address.....Fax (.....).....Mobile.....
...
8. Web Site.....
9. Marital Status..... Name of Spouse.....
10. Date of Marriage..... No. of Children.....
11. Date you were Born Again ?.....Date filled with the Holy Spirit.....
12. Is your Church/Ministry a member of an Organisation or Denomination ? - if so please state name
.....
13. Are you engaged - Full time..... Part time.....
Inactive..... Retired.....
14. Are you - Ordained..... Licensed.....
Ordaining body or organisation.....
15. List Bible Colleges attended.....
.....
16. Courses completed.....



17. Please tick up to 3 self designated offices that you are engaged in:-

- | | | |
|--|--|--|
| <input type="checkbox"/> AD - Administrator | <input type="checkbox"/> HE - Helps | <input type="checkbox"/> PM – Prison/Jail Minister |
| <input type="checkbox"/> AM – Associate Minister | <input type="checkbox"/> IN – Inactive in Ministry | <input type="checkbox"/> PR - Prophet |
| <input type="checkbox"/> AP - Apostle | <input type="checkbox"/> MC – Military Chaplain | <input type="checkbox"/> SM – Singles Minister |
| <input type="checkbox"/> AS – Assistant Associate Pastor | <input type="checkbox"/> MI - Missionary | <input type="checkbox"/> ST – Bible School Student |
| <input type="checkbox"/> CM – Children’s Minister | <input type="checkbox"/> MM – Music Minister | <input type="checkbox"/> TE - Teacher |
| <input type="checkbox"/> EV – Evangelist | <input type="checkbox"/> PA - Pastor | <input type="checkbox"/> YM – Youth Minister |
| <input type="checkbox"/> HC – Hospital Chaplain | <input type="checkbox"/> PC – Police Chaplain | <input type="checkbox"/> OT – Other: _____ |



18. Since being in the Ministry have you ever had, or are currently involved in, civil judgments or criminal proceedings against you ? If so please explain.....

19. To whom do you submit for your spiritual oversight? (*This person must complete the “Minister’s Recommendation” form*)

Name..... Address.....
.....Telephone Number (.....)

20. Please provide the name, address and contact number of a Christian Businessman referee. Note ICFM may contact the referee as part of the application assessment.

Name..... Address.....
.....Telephone Number (.....)

21. Why do you want to join ICFM?

22. Please give a history of your experience

23. Will you do your best to become an active part of this convention.

24. I agree with the ICFM tenets of Faith www.icfm.org.au/tenets_of_faith

25. Signature:..... Date:.....



CONFIDENTIAL QUESTIONNAIRE
SPONSORSHIP RECOMMENDATION

I have received the complete application for membership from.....
Address.....PhoneNo.(.....).....

I would summarize his/her attributes as follows: (check one in each line)

*Excellent *Good *Fair *Questionable *Poor *Unknown

In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In addition I have spoken to the applicant and would offer these comments:

.....

I therefore **recommend / do not recommend** that this applicant be accepted as an affiliate member of ICFM.

I fully understand that I will be contacted as a disciplinary agent should the need arise and will assume that responsibility now.

.....
AREA CO-ORDINATORS NAME - BLOCK LETTERS

.....
SIGNATURE

.....
DATE

TRUSTEES ENDORSEMENT

.....
SIGNATURE

.....
DATE



SPIRITUAL OVERSIGHT RECOMMENDATION

Dear Sir/Madam

Thank you for taking the time and agreeing to complete this questionnaire concerning our prospective members application to become an affiliate member of this Convention.

What you state in your recommendation is important to us. It will assist our membership committee to determine whether to accept the applicant as a member of ICFM

The information you give is very important to us, but please be assured it shall be kept in the strictest confidence.

Upon completion, would you please place this form in an envelope, seal it, and return it to the prospective member who gave it to you.

We appreciate your help in this matter.

Yours faithfully

Rev. Col Stringer
Australian President

CONFIDENTIAL QUESTIONNAIRE
SPIRITUAL OVERSIGHT RECOMMENDATION

I have known.....for a period of.....years

Their address.....Phone No.(.....).....

I have known the applicant as a minister friend relative other

The relationship was intimate casual professional

To the best of my knowledge and judgment the applicant is: (check one in each line)

	*Excellent	*Good	*Fair	*Questionable	*Poor	*Unknown
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recognize the applicant as possessing a call to the 5 fold ministry, even though he/she may not yet be functioning in that capacity at the time of application ? Yes No

What five fold office does the applicant have a calling to?.....

To your knowledge has the applicant ever been involved in heresy ? Yes No

Explain.....

.....
Would you recommend the applicant for membership with ICFM without reservation ? Yes No

Any further comments:.....

Signature:.....

Name:.....

Date:.....

Address.....

Name of your Church

City, State:.....P/Code.....

.....

Telephone (.....).....



CREDIT CARD PAYMENTS

For Credit Card Membership Fees, please fill out the details below.
Master Card and Visa Card only

Card Type: Master Card Visa

Card Number:

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Expiry Date: Month Year

Name on Card _____

Signature _____



ICFM TRUSTEES

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