

APPLICATION FOR IMPACT GLOBAL FELLOWSHIP NETWORK AFFILIATION



Your Information

Name
Address
City
State
Zip
Email
Date of Birth
Personal Social Media Page(s)
Spouse's Name
Phone (required)
Cell (required)
How did you hear about IGF?
What is your purpose for joining IGF?

Your Ministry or Business Information

Name of your ministry or business
Address
City
State
Zip Code
Phone
Email
Website
Questions
Are you ordained or credentialed with a denomination, church, or an apostolic network?
Have you gone through accredited or non-accredited Christian/ministry training? If yes, which institution(s)?



Have you been baptized in water? If no, please explain:
Have you been baptized in the Holy Spirit? If yes, when & where?
What are your 1 Corinthians 12 spiritual gifts?
Do you have an Ephesians 4:11 five-fold calling?



Do you understand the role of apostles, prophets, evangelists, pastors, and teachers according to Ephesians 4:11? If yes, please briefly explain.	
Would you, as an affiliate of IGF, promise to uphold the integrity of the office of a minister as specified in the Scriptures (1 Tim. 3:1-13, Tit. 1-6-10, 1 Pet. 5:1-7), and to walk openly and in the light according to 1 John 1:5-10?	
Is there currently anything in your life that would exclude you from ministry leadership?	
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Have you ever been removed from a leadership or any ministry related position? If yes, please explain.	
Are you currently connected to a local church?	
Do you agree with the statement of faith on the IGF website?	
Membership Affirmation I have read & agree with the Vision & Mission Statement of IGF on their website. By signing this application, I, on behalf of my ministry, our church or business have indicated my desire to become a part of the IGF Network.	
NOTE: Before final approval as a member of IGF, please expect an interview and welcome from IGF leadership.	
Signature	
Date	IMPA GLØ4

