

ARMI Membership Application

Level Of Membership Requested:

I am seeking to become:

Ministry Affiliate Planted Church Affiliate Church Affiliate

Individual Membership Ordination

Existing Credentials _____

Personal Data

Name (First) _____ (Last) _____ (Middle) _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail: _____ Web Site: _____

Phone: Home _____ Office _____ Mobile _____

Date of Birth _____ Male Female Social Security # _____ - _____ - _____

Marital Status: _____ U. S. Citizen? _____ No# of Children: _____ Ages: _____

Spouse

Name _____ Anniversary Date: _____

Does Your Spouse Fully Support Your Ministry Calling? Yes No

If no, please explain: _____

(Use additional paper if needed)

Church Information:

Church Name: _____

Address _____ City _____ State _____

Zip: _____ E-Mail: _____ Web Site: _____

Phone # _____ Are You The Senior Pastor? _____

Pastor's Name _____

How long have you been a member of this congregation? _____

Statement of Truth

I understand that this application and its contents are held in confidence. Only authorized staff and leadership of ARMI shall review it. I hereby state that all information contained here is correct and true and may be verified by the ARMI Network as they see fit.

Signature Date

Financial Agreement

I hereby enter into covenant agreement with The ARMI Network and commit to submit a monthly tithe to the organization, the amount of which is based on my membership. I understand that ARMI Network and the other covenant partners rely on my financial faithfulness for the ministry and operational budget. Therefore my projected monthly support shall be \$ _____

Signature Date