

APPLICATION FOR MEMBERSHIP

(STRICTLY CONFIDENTIAL)

PERSONAL DATA

FIRST NAME:.....
MIDDLE/LAST NAME:.....
DATE OF BIRTH:.....
PLACE OF BIRTH:.....
NATIONALITY:.....
CONTACT ADDRESS:.....
PERMANENT ADDRESS:.....
TELEPHONE NUMBER:.....
E-MAIL ADDRESS:.....
COUNTRY OF RESIDENCE:.....
STATE/REGION OF RESIDENCE:.....
CITY OF RESIDENCE:.....

MARITAL STATUS

MARRIED:..... SINGLE:.....
DIVORCED:..... IF YES, when and why?.....
NUMBER OF CHILDREN:..... (specify with age).....

EDUCATIONAL/CARRIER INFORMATION

FORMAL EDUCATIONAL QUALIFICATION (S) ACQUIRED.....
MINISTERIAL TRAINING ACQUIRED.....
DO YOU HAVE ANY CIRCULAR WORK EXPERIENCE?.....
IF YES, STATE IN BRIEF

MINISTERIAL SERVICE INFORMATION

HAVE YOU SERVED UNDER ANY MINISTER BEFORE?
IF YES, WHEN, AND UNDER WHAT CIRCUMSTANCES DID YOU LEAVE?.....

NAME OF CHURCH/CHURCH:.....

LOCATION OF CHURCH/MINISTRY:.....
HAVE YOU BEEN FORMALLY ORDAINED AS A MINISTER?.....
IF YES, WHEN, WHERE, BY WHICH INSTITUTION, AND BY WHAT AUTHORITY?.....

WHAT ARE YOUR AREA(S) OF SPIRITUAL CALLING AND GIFTINGS?.....
WHAT IS YOUR CURRENT OFFICE (ARCHBISHOP, BISHOP, APOSTLE ETC)?.....

WHAT IS YOUR STATUS IN THE CHURCH/MINISTRY WHERE YOU ARE SERVING (FOUNDER/
PRESIDENT, SENIOR PASTOR, GENERAL OVERSEER, BRANCH PASTOR ETC)?.....

DO YOU BELONG TO ANY OTHER MINISTERS FELLOWSHIP/NETWORK?
IF YES, DO YOU HOLD ANY OFFICE(S) THERE? NAME THE OFFICE

HOW DID YOU GET TO KNOW ABOUT THE WORLD EAGLES FELLOWSHIP AND COLLEGE OF
BISHOPS?.....

WHY DO YOU WANT TO BECOME A MEMBER OF THE WORLD EAGLES FELLOWSHIP AND COLLEGE
OF BISHOPS?.....

WHAT VALUES DO HOPE TO BRING TO THE WORLD EAGLES FELLOWSHIP IF YOU ARE REGISTERED
AS A MEMBER?.....

WHAT ARE YOUR EXPECTATIONS FROM THE WORLD EAGLES FELLOWSHIP AND COLLEGE OF
BISHOPS?.....

NB:.. BY COMPLETING AND RETURNING THIS APPLICATION FOR MEMBERSHIP FORM,

I, ARCHBISHOP, BISHOP, APOSTLE, REV. PASTOR, EVANGELIST,HEREBY
CONFIRMS THAT I SHALL SUBMIT AND SUBJECT MYSELF TO CONSTITUTION OF THE WORLD EAGLES
FELLOWSHIP COLLEGE OF BISHOPS.

SIGNED:.....
NAME:.....
DATE:.....

FOR OFFICE USE ONLY
APPRAISAL.....

.....
THE APPLICANT IS THEREFORE, RECOMMENDED OR NOT RECOMMENDED FOR MEMBERSHIP.

STATE/ REGIONAL PRELATE FOR.....

NAME AND SIGNATURE.