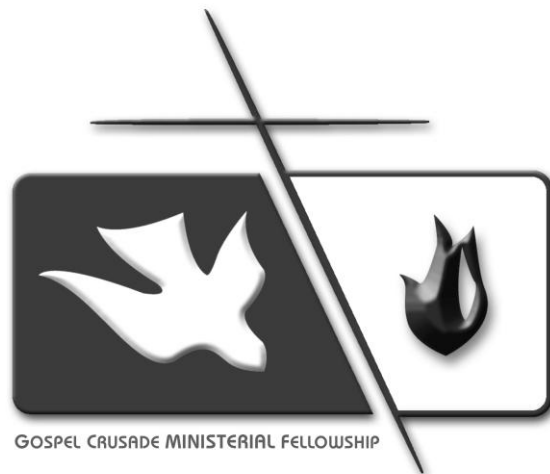


# **Gospel Crusade Ministerial Fellowship**

192 Cocalico Creek Road, Stevens, PA 17578



GOSPEL CRUSADE MINISTERIAL FELLOWSHIP

*Power and Strategy for Tomorrow's Church*

## **Membership Application Form**

# **Gospel Crusade Ministerial Fellowship, Inc**

**192 Cocalico Creek Road, Stevens, PA 17578**

## **Credential Application Information**

1. Requirements to receive credentials:
  - A. Born of the Spirit, baptized in water, and baptized in the Holy Spirit,
  - B. Comply with scriptural requirements of church leadership (e.g. 1 Timothy Chapter three).
  - C. Be actively engaged in a specific ministry beyond typical church involvement:
    - a. Able Workers Certificate – ministry of helps or support ministry.
    - b. Ministry License – Office of Apostle, Prophet, Evangelist, Pastor, Teacher (Ephesians 4:11).
    - c. Ordination – Full-time pastoral or senior ministry leadership.
      1. Transferred from another organization, and/or
      2. Show evidence of fruit of your ministry and a need for ordination.
  - D. Be **currently** involved in or immediately entering into a definable ministry of greater responsibility than that which is expected of all members of the body of Christ, and provided a written description of your ministry.
  - E. Be **currently** involved with, and submitted to a local church.
  - F. Be examined and approved by an elder of the GCMF fellowship.
2. Purpose: To provide legal and spiritual recognition and oversight, thus affirming the calling and ministry from God and agreeing with local church appointment and commissioning; to assist ministers in the fulfillment of their call.
3. Benefits
  - A. Enables performance of legal ceremonies, weddings and funerals (license and ordination)
  - B. Provides access to jails, prisons, hospitals, nursing homes, psychiatric centers, and other institutions with restricted access.
  - C. Furnishes channels for ministry outreach.
  - D. Provides church problem mediation, by district committee members and presbyters.
  - E. Furnishes pulpit supply or other short term or long term ministry.
  - F. Provides district meetings, conferences and seminars.
  - G. Offers pastoral retreat opportunity at Christian Retreat.
  - H. Supplies apostolic leaders and elders to assist you.
  - I. Introduces missionary, pastor and teaching situations.
  - J. Provides an information clearing house for things of interest to ministers.
  - K. Provides training seminars and ministry enhancement opportunities
  - L. Provides a basis of fellowship with like-minded ministers and ministries.
  - M. Sponsors annual and periodic conferences to gather fellowship members.
  - N. Provides a system of connection and endorsement for GCMF Affiliated Churches.
  - O. Receive a subscription to *Current Blessing Magazine*
4. Methods:
  - A. Obtain and complete the application form. All requested information must be provided.
  - B. Contact District Coordinator closest to you (found at [www.gcmf.org/leadership/regional](http://www.gcmf.org/leadership/regional) leadership) for a personal interview.
  - C. Send the application to your District Coordinator, who will forward it to GCMF headquarters.
  - D. After receiving the application, GCMF leadership will review it and make reference inquires in determining the issuance of credentials. You will be notified by your District Coordinator of the status of your application. Approximate time for processing is four to six weeks.

# Gospel Crusade Ministerial Fellowship, Inc

192 Cocalico Creek Road, Stevens, PA 17578

Phone: 717.336.0038 Toll Free: 877.279.8261

E-mail: jr@gcmf.org

Website: [www.gcmf.org](http://www.gcmf.org)

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## Credential Application (Please Type/Print)

### A. General Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(first name) (middle name) (last name)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Country: \_\_\_\_\_

### B. Personal Information

Date of Birth (mm/dd/yr) \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_M / F\_\_\_\_\_

Marital Status: Single\_\_\_\_; Married\_\_\_\_; Widow(er)\_\_\_\_; Divorced\_\_\_\_; Remarried\_\_\_\_;

If divorced, how many times? \_\_\_\_\_ (List reasons for each divorce on separate sheet of paper)

When were you born again? \_\_\_\_\_ When were you baptized in water? \_\_\_\_\_

When were you Holy Spirit baptized? \_\_\_\_\_

Education: Years completed \_\_\_\_\_ What College, Bible Schools or Off-Campus studies? \_\_\_\_\_

Present place of employment? \_\_\_\_\_

Add: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone:( )\_\_\_\_\_

Job title: \_\_\_\_\_

Two previous home addresses (begin with most recent):

Street / P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Street / P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

### C. Family Information

Spouse's Name: \_\_\_\_\_ Anniversary date: \_\_\_\_\_ Spouse's date of birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Is your spouse born again? \_\_\_\_\_ When? \_\_\_\_\_  
Are you and your spouse in unity regarding your ministry? \_\_\_\_\_ Comments \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

## D. Ministry Information

What was your denominational background? \_\_\_\_\_

- Have you ever been: Licensed \_\_\_; Ordained \_\_\_; Date? \_\_\_\_\_
- Ministry organization name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_
- Are the above credentials current? \_\_\_\_\_ If yes, enclose copy.
- Comment: \_\_\_\_\_

What is your present denominational affiliation? \_\_\_\_\_

For what credential status are you applying? Able Minister \_\_\_; License \_\_\_; Ordination \_\_\_;

Current primary ministry: (*check one*) Pastor \_\_\_; Assoc. Pastor \_\_\_; Teacher \_\_\_; Prophet \_\_\_; Evangelist \_\_\_;

Teacher \_\_\_; Chaplain \_\_\_; Music \_\_\_; Youth \_\_\_; Children \_\_\_; Other \_\_\_\_\_

Present church affiliation: Name: \_\_\_\_\_

Years Attending: \_\_\_ Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Pastor's Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Previous church affiliation: Name: \_\_\_\_\_

Years Attending: \_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Pastor's Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Do you tithe? \_\_\_\_\_

To whom do you tithe? (*church / organization name*) \_\_\_\_\_

How long have you been involved in your present ministry focus? \_\_\_\_\_

Name of ministry (if applicable)? \_\_\_\_\_

Is your ministry full-time? Yes \_\_\_ No \_\_\_ Do you anticipate that changing? Yes \_\_\_ No \_\_\_

**E. Personal References:** (Please print clearly)

- **No letters of reference are required; GCMF will contact those you designate as references.**
- **Complete addresses are required.**

1. Pastor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

2. GCMF Endorsement: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Other Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Other Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Note: Four references are required.** If you are a pastor, include the name of another pastor who knows you, and provide your senior elder in the 'Other' space above. If you do not have a GCMF endorsement, please use another pastor, minister, friend, etc. Please do not list your spouse or immediate relatives as references.

**The following MUST accompany this application form.**

- One to two pages of a type written testimony of your conversion and call to the ministry.
- Communicate your personal perception of ministry and detail your present involvement.
- Current passport type photograph.
- Signature on Covenant Statement (page 6)
- \$55.00 non-refundable processing fee.
- **If applicable, please enclose copies of all current credentials held.**

**We Believe:**

- ❖ the Bible to be the inspired infallible Word of God.
- ❖ there is one God eternally manifested in the persons of the Father, Son, and Holy Spirit.
- ❖ in the virgin birth of Jesus Christ, in His vicarious and atoning sacrifice through His blood, in His bodily resurrection, in His ascension, and in His personal return in power and glory upon this earth.
  
- ❖ regeneration and conversion through faith in Jesus Christ is absolutely essential for the salvation of lost and sinful humanity.
- ❖ the gospel includes holiness of heart and life, healing of the body, and a definite personal experience with the Holy Spirit, whereby the gifts of the Spirit become active in the life of the believer.
- ❖ in the present and future manifestation of God’s kingdom on the earth; in the present authority and ministry of the church, and in the future, under the rule and reign of Jesus Christ.
  
- ❖ in the bodily resurrection of believers at the end time and the judgement of all mankind-the just unto eternal life and the unjust unto eternal damnation.
- ❖ in the spiritual unity of all believers in our Lord Jesus Christ.
- ❖ there are other God-called fellowships, organizations, and associations of which Gospel Crusade Ministerial Fellowship, Inc. is one of many.

**Covenant Statement:** *(Please read carefully -- your signature is your affirmation.)*

I will support the work of GCMF Inc. with a monthly contribution of 2% of my total personal income - considered professional dues, and look to God to honor His commitment of faithfulness to me. I will attend 4 District meetings each year and do my best to spread the Gospel of the Kingdom of God and the principles and policies of Gospel Crusade Ministerial Fellowship, respectfully submitting to and upholding GCMF leadership with prayer and conversation.

 I agree with the above “**statement of faith**” and affirm the “**covenant statement.**”

Applicant’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Send this Application, along with a check for \$55.00, to your District Coordinator (found at [www.gcmf.org/leadership/regional\\_leadership](http://www.gcmf.org/leadership/regional_leadership))***

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*(Do not write below this line)*

District Coordinator’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved       Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_