

## SAME LIKE FAITH EBENEZER MINISTRIES FELLOWSHIP INTERNTIONAL, INC MEMBERSHIP APPLICATION

Office Use Only: Application # \_\_\_\_\_ Application Type: Mail / On Site / Online Date Received: \_\_\_\_\_

5-fold Ministry Office: Apostle  Prophet  Evangelist  Pastor  Teacher

Administrative Office: Bishop  Overseer  Superintendent  Other \_\_\_\_\_

\*Applicant Ministry Information – (Is this a joint application for you and your spouse? Yes  No  **See clarification note on pg 2 bottom**

Name:

Ministry Name:

Mailing address:

City:

State:

City Code:

Country:

Phone:

Website address:

Email:

Are you the founder of this ministry? Yes  No

How long have you been in ministry?

Are You Licensed? Yes  No

What position do you currently hold in the ministry?

Are You Ordained? Yes  No

How long have you operated in your current ministry office?

How long has the ministry been established?

If you are licensed, what Ministry or Organization Licensed you?

Address:

City:

State:

City Code:

Country:

Licensing Minister's Name:

Phone:

Email:

### APPLICANT PERSONAL CONTACT INFORMATION (IF DIFFERENT FROM ABOVE):

Personal email:

Personal phone:

Date of birth:

Personal address:

City:

State:

City Code:

Country:

### SPOUSE INFORMATION (IF YOU DO NOT HAVE A SPOUSE, PLEASE MOVE TO THE NEXT SECTION)

Name:

Date of birth:

Phone:

Email:

Is your spouse a 5-fold minister? Yes  No  If yes, what ministry title does he or she hold?

What position does your spouse hold in the ministry?

### PROFESSIONAL REFERENCES (PLEASE LIST TWO, (2) MINISTERIAL REFERENCES)

Title and Name:

Ministry or Organization Name:

Ministry Address:

City:

State:

City Code:

Country:

Phone:

Email:

Website if available:

**SAME LIKE FAITH EBENEZER MINISTRIES FELLOWSHIP INTERNATIONAL, INC  
MEMBERSHIP APPLICATION**

**PROFESSIONAL REFERENCES #2**

Title and Name:

Ministry or Organization Name:

Ministry Address:

City:

State:

City Code:

Country:

Phone:

Email:

**STATEMENT OF FAITH – WHAT DO YOU BELIEVE AND TEACH ABOUT THE FOLLOWING:**

**JESUS CHRIST**


**SALVATION**


**THE HOLY SPIRIT**


**THE HOLY BIBLE**


**SIGNATURES**

I authorize the verification of the information provided on this form as accurate.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership):*

Date:

*\*spouses in joint ministry only need one application and one application fee. We do ask for a picture of you both and individual pictures of you each.*

Please return the following:

(1) completed application; (2) \$25 non-refundable application fee – US dollars; (3) and Current photo

- ***Mail or bring completed application and current picture to:***

SLFEMFI - Membership  
6142 Mableton Parkway  
Mableton, GA 30126

- ***Scan and email completed application and current picture to:***

[slfemfi.members3@gmail.com](mailto:slfemfi.members3@gmail.com)

- **Application Fee:**

- **National Applicants:** Mail or bring to:

- SLFEMFI - Membership  
6142 Mableton Parkway  
Mableton, GA 30126

- **International Applicants:** Western Union or MoneyGram. Please email us the pick-up information – Or, you may mail certified funds to the address above

- SLFEMFI - Membership  
6142 Mableton Parkway  
Mableton, GA 30126

**Thank you for your application to  
Same Like Faith Ebenezer Ministries Fellowship International, Inc.**  
*We will respond to you within 2 weeks of receipt of this application.*

## **General Contact Information**

- Website: [Samelikefaithinternational.org](http://Samelikefaithinternational.org)
- Phone: 1- 770-739-2929 (country code 011)
- Mailing address:

SLFEMFI  
6142 Mableton Parkway  
Mableton, GA 30126