

# MINISTERS WITH A VISION ASSOCIATION

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## APPLICATION FOR MINISTERIAL AFFILIATION

INSTRUCTIONS: (Please type or print using black ink.) YOU MUST INCLUDE THE \$30.00 FEE AND A CURRENT PHOTOGRAPH. ANY MINISTER JOINING THE M.W.A.V.A. MUST INDICATE THE CHURCH OR ORGANIZATION THAT PERFORMED THE ORDINATION OR LICENSING CEREMONY OR GRANTED EXHORTER STATUS. ORDINATION AND LICENSING OF MINISTERS IS A FUNCTION OF THE LOCAL CHURCH, AND IS NOT THE FELLOWSHIP'S RESPONSIBILITY. IT IS RECOMMENDED THAT A MINISTER SHOULD BE LICENSED A MINIMUM OF ONE YEAR PRIOR TO ORDINATION.

### SECTION I

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex M/F \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Current Ministerial Credentials Held:

Ordained \_\_\_\_\_ Licensed \_\_\_\_\_ Exhorter \_\_\_\_\_ Date of Ceremony (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Church or Organization that performed Licensing/Ordination Ceremony or granted Exhorter Status:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you previously held Ministerial Credentials? \_\_\_\_\_ (If yes, please furnish the following information):

Type of Credentials Held \_\_\_\_\_ Date of Ceremony (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Church or Organization \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been a member of Ministers with a Vision? (Y) \_\_\_\_ (N) \_\_\_\_ If yes, when? (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

In what field of ministry are you presently engaged? \_\_\_\_\_

**SUBMITTING THIS APPLICATION INDICATES THAT YOU AGREE WITH OUR CONSTITUTION, BYLAWS AND STATEMENT OF SOVEREIGNTY, THE M.W.A.V.A. EXPECTS YOU TO DO YOUR BEST AS AN ACTIVE MEMBER OF THE FELLOWSHIP.**

Applicant's Signature \_\_\_\_\_

### SECTION II

#### M.W.A.V.A. MINISTER SPONSORSHIP INFORMATION

M.W.A.V.A. Recommending Member *MUST* sign this application before it can be processed.

Signature \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SECTION III

#### CHURCH SPONSORSHIP INFORMATION

To be completed by the Sponsoring Church. Sponsoring Church or its Pastor must be a current M.W.A.V.A. member.

M.W.A.V.A. Church Sponsor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

We have known the applicant for \_\_\_\_\_ years. Please give a brief history of Applicant's association with Sponsoring Church:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Since M.W.A.V.A. exercises no authority over any messenger of the churches (Article Two, Section 1), it is understood that as Sponsor of this applicant, this Church assumes responsibility for any disciplinary action.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ Position \_\_\_\_\_

**OFFICE USE ONLY** Date Received: \_\_\_\_\_ Date Sent to Regional \_\_\_\_\_

Rev. 8/5/12 Reg. Approval: \_\_\_\_\_ Cert. Sent \_\_\_\_\_

