



**Application for Membership (International Ministries Only)**  
**A.I.I.M.F.**  
PO BOX 86550, Portland, Oregon 97286, 1-503-235-2127  
Fax 1-503-517-7769

**ATTACH  
PHOTO**

Please attach a photo and provide all the information requested. The application may be mailed to the above address.

**APPLICANT**

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Ordination/Licensing Body  
\_\_\_\_\_

Ordination/Licensing Date \_\_\_\_\_ Ministry Position \_\_\_\_\_

**CHURCH**

Name \_\_\_\_\_ Affiliation, if any \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_





**A.I.I.M.F.**

(***A*cts *I*nspired *I*nternational *M*inistries *F*ellowship)**)

**Fellowship Questionnaire**

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Name \_\_\_\_\_



1. List anybody or bodies from which you hold ordination papers and/or ministerial license.

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2. Do you belong to any other minister's organization? \_\_\_\_\_ If yes, briefly describe the organization and the nature of your relationship to it.

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3. Describe the administrative setup of your church that would reflect the functioning of your church.

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4. What are your ministry goals?

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5. Give a brief summary of your weekly ministry schedule.

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6. To what extent does your ministry pray and fast as a *leadership*?

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7. To what extent does your ministry pray and fast as a *congregation*?

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8. List the various ministries within your church.

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9. What is the requirement for those who desire to become a member of your church?

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10. In a few words, indicate how A.I.I.M.F. can best help your ministry.

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All Applicants please Include:

To this completed questionnaire, please attach a copy of the following items:

\_\_\_\_\_ Copy of your Ministry Registration

\_\_\_\_\_ Statement of Faith

\_\_\_\_\_ Any printed material that will help us understand the vision of your church

All requested items should be attached with A.I.I.M.F. application and mailed to:

**A.I.I.M.F.**  
**PO BOX 86550**  
**Portland, Oregon 97286**