

Ephesians Four Network of Churches & Ministers

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| | |
|-------|-------|
| Recd: | _____ |
| Disp: | _____ |
| By: | _____ |
| Mem#: | _____ |

IMPORTANT: Please attach a recent photo of yourself

Please type or print legibly!

Application for (check one): Bishop Apostle Prophet
(See last page for explanation) Evangelist Pastor Teacher

Personal Data

First Name: _____ Middle Name: _____ Last Name: _____

Residence Address: _____

Mail Address (if different): _____

City: _____ State/Province/Region: _____

Country: _____ Zip/Postal Code: _____ Email: _____

Home Phone: () _____ Work Phone: () _____ Mobile: () _____

Birth Date: _____ Birth Place: _____ Driver's License #: _____

Marital status: _____ Name of spouse: _____

Number of children: _____ Names/Ages: _____

Gender: [] Male [] Female Race: _____ Nationality: _____ Citizenship: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Spiritual History

Date Born Again: _____ Date Water Baptized: _____ Date Spirit Baptized: _____

Education History

| Level | High School | College/Vocational | Graduate |
|---------------------|-------------|--------------------|----------|
| Name of Institution | | | |
| Address | | | |
| Dates Attended | | | |
| Diploma/Degree | | | |

Home Church Information

Church Name: _____ Senior Pastor's Name: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Phone: () _____ Fax: () _____ Affiliation: _____

How long have you attended or been a member of this church? _____

Are you on the paid staff at this church? Yes No Ministry position or service you provide? _____

Do you pay the majority of your tithe to this church? _____

Does your church leader know about and in favor of your applying for credentials with Ephesians Four Network? Yes No _____

Ministry Information

EFN regards a "Bishop" to be an apostle who is functioning as an overseer over other Fivefold Ministers. By that definition, are you currently functioning as and applying for affirmation/credentialing as a Bishop? No Yes If yes, explain your Bishopric on a separate sheet.

What Fivefold Ministry Office(s) do you currently operate in? Apostle Prophet Evangelist Pastor Teacher

Are there any particular manifestation gifts (Charismata) [1 Cor. 12: 7-11] you have a particular anointing to operate? Yes No

If yes, please list them:

Briefly describe what you feel your primary ministry is:

When did you first sense a call to the ministry? _____ How long have you been functioning in ministry? _____

Do you presently hold or have you ever held ministry credentials of any level with any organization? Yes No

If yes, please give the information below for three of the last organizations you have held credentials with.

| Information | Organization 1 | Organization 2 | Organization 3 |
|----------------------|----------------|----------------|----------------|
| Name of Organization | | | |
| Address | | | |
| City/State/Zip Code | | | |
| Phone Number | | | |
| Fax Number | | | |
| Dates of Membership | | | |
| Type of Credentials | | | |

Have your credentials ever been revoked or suspended? Yes No If yes, when and why? _____

Have you ever had disciplinary action of any sort taken against you by any of the organizations you held credentials in? Yes No

If yes, please briefly describe the reason and the final disposition of the matter:

Sponsorship, References, and Signatures

All applicants must supply two references by other ministers who have known the applicant for at least one year. Applicants for a Christian Worker's Certificate, a Commission to Preach, and a Ministerial License must be sponsored by either their local pastor or an ordained minister who has known the applicant for at least one year and personally attests to the validity of his or her ministry and character. Applicants for ordination must be sponsored by two other ordained ministers who have known the applicant for at least one year and personally attest to the validity of his or her ministry and character. Sponsoring minister(s) are References 1 and 2 (if applicable). Please obtain the applicable signature(s) of the sponsor(s) below and provide the additional required information for both references.

| Information | Reference 1 | Reference 2 |
|---------------------|-------------|-------------|
| Signature | | |
| Name | | |
| Address | | |
| City/State/Zip Code | | |
| Phone Number | | |
| Fax Number | | |
| Email Address | | |
| Years Known | | |

Membership/Credentials (Minimum Requested Offering):

| Credentials Type | USA Initial* | Annual Renewal* | Non-USA Initial* | Non-USA Renewal* |
|-------------------------|---------------------|------------------------|-------------------------|-------------------------|
| Bishop | \$800 | \$500 | \$500 | \$300 |
| Apostle | \$600 | \$400 | \$400 | \$200 |
| Prophet | \$500 | \$250 | \$300 | \$200 |
| Pastor | \$300 | \$150 | \$200 | \$100 |
| Evangelist or Teacher | \$300 | \$150 | \$100 | \$50 |

* May be paid in 2 installments

Membership Agreement and Signature

With my signature I hereby acknowledge I have read, agree to/with, and affirm the following:

- ❖ That the information I provided in this application, including all attachments and exhibits, is true and accurate to the best of my knowledge, and that if it is later determined to be false or misleading, the EFN, at its sole discretion, may revoke or withdraw my membership and credentials;
- ❖ To authorize the EFN to contact the sources and references I have cited herein to verify the information I have provided herein, and release any such sources and referees and their agents and representatives from any claim or liability in providing verification of the information I have provided herein;
- ❖ To release the EFN and its agents and representatives from any claim or liability in obtaining verification of the information I have provided herein;
- ❖ The EFN's Statement of Faith, Statement of Members' Responsibilities, and Membership Criteria;
- ❖ To uphold the standards of Holiness and Godly conduct governing ministers set forth in the Word of God, in my personal as well as professional life, and to be accountable to the members and leaders of the EFN for same;
- ❖ To recognize and respect the spiritual leadership provided by the Governing and Advisory presbyteries, and to prayerfully consider the Godly wisdom and Scriptural counsel afforded by them to me personally;
- ❖ To support the EFN with my prayers and moral support, financial support as I am able and God provides, with my attendance of EFN meetings and functions whenever practicable, and by proactively promoting and recommending the EFN to other persons desiring credentialing and affiliation with a ministerial association;
- ❖ To at all times maintain a high level of professionalism and quality of ministry that will reflect favorably upon the EFN and the ministry profession;
- ❖ That, in the event my personal or professional life becomes seriously hindered or impaired by conduct unbecoming of a minister of God, I will willfully surrender my credentials with the EFN, if asked to do so by the leadership, and submit myself to any counseling and restoration process with the goal of reinstatement that they may recommend.

Prayerfully and willfully agreed to this _____ day of _____, 20_____.

Applicant Date

Approving EFN Officer Date

Credit/Bank Card Information

(Complete if paying Membership and Credentialing Fee by credit/bank card) [Please ensure all information is correct & sign]

| | | | | | |
|--------------|--|------------|--|------------|--|
| Card Issue: | | Signature: | | | |
| Card Number: | | CVV2 #*: | | Exp. Date: | |
| Address** | | | | | |

* The CVV2, or Card Verification Value, is the three-digit number in the signature area on the **back** of your Visa, Mastercard, or Discover card. The CW2 is printed above and the right of the card number on the **front** of American Express cards. This number is required to process your card charge.

** Complete address associated with card, if different than the residence address given on the first page.

Application Instructions and Procedure

Instructions

1. Read and prayerfully consider the Statement of Members' Responsibilities and the Statement of Faith.
2. Fully complete the Application for Membership, composing attachments or exhibits where necessary or desired.
3. Affix copies of educational transcripts (college and graduate), degrees, diplomas, certificates, and awards.
4. Obtain all required signatures of sponsors.
5. Affix a recent photo of yourself.
6. Attach any attachments and/or exhibits that are necessary or which you desire to make a part of your application and file. (Full Curriculum Vita or resumes may be submitted for inclusion in your file if you so desire.)
7. Sign the Application and Membership Agreement.
8. Make a check payable to the "Ephesians Four Network" in the amount of the Initial Credential Fee, or complete the Credit/Bank Card Payment section at the bottom of Page 3.
9. Make and maintain at least one copy of the entire document for your own records.
10. Mail the entire original signed Application with any attachments and exhibits along with payment of the applicable Fee to the EFN National Office at the mailing address on the first page.
11. **Optional:** If you would like to hasten the process somewhat in order to receive your credentials as soon as possible, you may scan your completed and signed Application and Membership Agreement to the National Office and attach it along with a photo to an email to: admin@ephesiansfour.net. However, you still must submit the original signed Application as prescribed in #7 above.

Procedure

Upon receipt of your Application and Agreement by the National Office we will:

1. Review your Application for required information and prerequisites.
2. Verify references and attesting/sponsoring signatories.
3. Submit all paperwork and information to the approving EFN officer(s).
4. Upon approval of your membership, mail you an approval and acceptance letter along with an official sealed credential certificate and wallet card, any other pertinent membership literature, and information regarding any ordination ceremonies scheduled or being planned for the near future.

Note About Ordination Ceremonies

Ordination ceremonies with the laying on of hands by the EFN's Governing Presbytery will be conducted during the EFN's Annual Members Meeting (when conducted). Ordination conducted by a representative of the EFN's Governing Presbytery during regional meetings will be arranged from time to time, concerning which members will be advised via personal contact or periodical publications, as warranted. Members may contact the EFN's National Office concerning requests for specially arranged ordination ceremonies conducted by a representative of the EFN's Governing Presbytery.

Thank you for your interest in Ephesians Four Network, and may the Lord bless you.

Rev. Dr. Steven Lambert, ThD, DMin, Founder/Overseer

"Concinnity Through Diversity"

Restoring the Apostolic-Prophetic Foundation upon the Chief Cornerstone of Christ