

**Ephesians Four Network**  
**P.O. Box 911 ■ Jupiter, FL 33468-0911**  
**Voice: 561-200-6442**  
**Email: admin@ephesiansfour.net ■ Website: www.ephesiansfour.net**

Recd:	_____
Disp:	_____
By:	_____
Mem#:	_____

**Member Record & Annual Report**

*Please type or print legibly!*

Credential Type (check one):  Christian Workers Certificate  
 (See last page for explanation)  Ministerial License

Commission to Preach  
 Ministerial Ordination

**Personal Data**

**Member #:** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mail Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Marital status: \_\_\_\_\_ Name of spouse: \_\_\_\_\_

**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?  Yes  No Do you give offerings on a regular basis also?  Yes  No

**Ministry Information**

Are you now in ministry?  Yes:  Full time?  Part time?  No

Do you consider yourself a Fivefold Minister?  Yes  No If no, what is your ministry function? \_\_\_\_\_

If yes, what office?  Apostle  Prophet  Evangelist  Pastor  Teacher

Did you preach, teach, or minister regularly or frequently in pulpit ministry this past year?  Yes  No

If yes, in how many services or meetings? \_\_\_\_\_

Briefly describe what your primary ministry function was this past year: \_\_\_\_\_

Were there any major changes in your ministry last this past year?  Yes  No If yes, briefly describe: \_\_\_\_\_

Did you send in your annual general fund offering for this past year?  Yes  No Additional offerings?  Yes  No

Have you recommended Concinnity Network to anyone this past year about?  Yes  No If so, how many people? \_\_\_\_\_

Did you pursue ministry-related "continuing education" in some form this past year?  Yes  No

Would you like to receive information concerning continuing education courses and programs?  Yes  No

Do you have any comments, questions, requests or recommendations directed to Concinnity Network leadership?  Yes  No If yes, write below; use separate sheet(s) of paper if needed.

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**Member Signature:**

\_\_\_\_\_

Member Signature Date

**Membership/Credentials Fees:**

Type of Credentials	Initial Membership Fee	Annual Renewal Fee	International
Christian Worker Certificate	\$20	\$15	N/A
Commission To Preach	\$30	\$20	N/A
Ministerial License	\$40	\$30	\$20
Ministerial Ordination	\$50	\$40	\$30

**Credit/Bank Card Information**

(Complete if paying fee by credit/bank card)

Card Issue:		Signature:			
Card Number:		CVV2#*:		Exp. Date:	
Full 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.

**Instructions**

1. Fully complete the form, composing attachments or exhibits where necessary or desired.
2. Sign and date the form.
3. Make a check payable to the Association in the amount of the Annual Renewal Fee for the type of credentials you hold.
4. **Credit Card Payment:** You may also make payment of your Annual Renewal Fee via credit/bank card by completing the Credit/Bank Card Information section above.
5. Make and maintain at least one copy of the entire document for your own records.
6. Mail the entire original signed form with any attachments along with your payment of the applicable Annual Renewal Fee to the Association National Office at the mailing address on the first page.

**Procedure**

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

1. Review the form for required information and any comments, questions, requests, or recommendations you submitted.
2. Make any needed responses.
3. Mail your official Ministerial Credentials wallet card for the current year(s), along with any other pertinent membership literature.

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Thank you for your time, and may the Lord richly bless you.

*Steven Lambert, ThD, Executive Director*

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*“Concinnity in Christ Through Diversity in Calling”*  
Restoring the Apostolic-Prophetic Foundation upon the Chief Cornerstone of Christ