



Team Impact Ministries

8894 Airline Hwy Suite E
Baton Rouge, LA 70815, USA

Tel: 1 225 292 1771

info@teamimpactministries.com

www.teamimpactministries.com

An Association of Apostolic Ministries with similar spiritual values

APPLICATION FOR MINISTERIAL CREDENTIALS TEAM IMPACT MINISTRIES USA

Personal Details

Name (First, Middle)	
Surname	
Title	
ID / Passport Number	
Date of Birth	
Gender	
Citizenship	
Marital Status	

Contact Details

Work Phone	
Home Phone	
Cel Phone	
Email Address	

Address Details

Physical Address: _____ _____ _____ Postal Code _____	Mailing Address: _____ _____ _____ Postal Code _____
--	---

Education

Institution	From	To	Achievement

Referring Minister

Name (First, Middle, Last)	
Name of Ministry	
Work Phone	
Cel Phone	
Email Address	

Ministry Information

Are you in full-time Ministry? (Y/N)	
Name of Ministry	
Ministry calling (Eg. Pastor, Counselor)	
Denomination /Affiliation	
Phone	
Email Address	
Website	
Your position in this ministry	
Number of years with this ministry?	

Briefly describe your present ministry experience:

Member type

Affiliate [<input type="checkbox"/>] (<i>Holding an ordination</i>)	Pastor in Training [<input type="checkbox"/>] (<i>If not yet ordained</i>)
Ordination [<input type="checkbox"/>]	Business (affiliate) [<input type="checkbox"/>]

Please tick appropriate type

What details do you want printed on your wallet-sized card?

Title and Name	
Name of Ministry	
Position – Eg Senior Pastor	
Country	

I, the undersigned applicant, declare that the information supplied is true and accurate and my signature witnesses that I am in agreement with all the bylaws and constitution of Team Impact Ministries and will abide by said terms and conditions as described.

Signature	Date
-----------	------

<p><u>Documents required:</u> Please note that no application will be finalized without all the required documents</p>	<ol style="list-style-type: none"> .1. Your complete application form signed & dated. .2. A Jpeg ID photo of yourself .3. Your proof of payment of R500.00 (use name and surname as reference) .4. Copies of your Ordination Certificate and Qualifications
---	---

Team Impact Ministries Banking details (South Africa):

Bank: FNB
Account Name: Team Impact Ministries
Account Number: 62621154997
Branch Code: 251542

When making your deposit, please use your name and surname as a reference. Please ensure that your proof of payment accompanies your application. Once you have been allocated your membership number you can use your membership number for future payments.