

Application of Covenant

Fellowship of Vineyard Harvester Churches

P.O. Box 687

Cedartown, Ga. 30125-0687

Phone: (770) 748-5750

e-mail: vhc@clccnet.org

Personal Information:

(Please Type or Print)

Name: _____
(last) (first) (middle initial)

Address: _____
(mailing/street)

(city) (state) (zip)

Date Of Birth: _____ Phone: _____
(daytime) (evening)

Check those that are applicable:

I am applying as a pastor of a church:

I am applying as a para-church ministry:

I am applying for Networking:

I am applying for affiliation:

Family Information:

Spouse Name: _____

Children: (1) _____ (2) _____
(3) _____ (4) _____

Name any other family member(s) living in your home: _____
(Include a family photo if possible)

Educational Information:

GED: High School Diploma: High School Name: _____
(name) (city) (state)

College Information Degrees Earned	School Name	Date Received
_____	_____	_____
_____	_____	_____

Ministry Information:

Name of Church/Ministry: _____

Address: _____
(mailing/street)

(city) (state) (zip)

Describe the government of your Church / Ministry:

Average Attendance: _____ Date of entrance into the ministry: _____

Are the other leaders supportive of your decision to network with FVHC/CLCC? _____

Are you currently licensed or ordained by any other organization? _____
(Please include a copy of your current credentials if possible.)

Describe your reasons for desiring affiliation with this ministry:

List the name of three references familiar with your ministry:

Name: _____
(first) (middle initial) (last)
Address: _____
(mailing/street)

(city) (state) (zip)
Phone: _____
(daytime) (evening)

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Address: _____
(mailing/street)

(city) (state) (zip)
Phone: _____
(daytime) (evening)

Name: _____
(first) (middle initial) (last)
Address: _____
(mailing/street)

(city) (state) (zip)
Phone: _____
(daytime) (evening)

(Signature)

(Date)