



# INTERDENOMINATIONAL MINISTERS ASSOCIATION

A ministry of EBC Ministries  
4982 Cambridge Street, Greenacres, FL 33463  
PHONE: 561-965-0363 FAX: 561-439-7149  
www.ebcministries.org

## Application for Individual Membership

NOTE: A \$25 Application fee must accompany all applications/\$125 a year dues

PLEASE PRINT

1. Name: \_\_\_\_\_ Preferred Title: \_\_\_\_\_
2. Address: \_\_\_\_\_ Phone \_\_\_\_\_
3. DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. S.S. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
5. EMAIL/WEBSITE: \_\_\_\_\_ 6. SEX: M\_\_ F\_\_ 7. Cell: \_\_\_\_\_
8. Of what country are you a citizen? \_\_\_\_\_
9. Are you a native of that country or a naturalized citizen? \_\_\_\_\_
10. Marital Status: Married\_\_ Single\_\_ Separated\_\_ Divorced\_\_ Widow/Widower\_\_\_\_\_
11. Have you or your spouse ever been divorced? \_\_\_\_\_ (If so, please include the date of divorce, date of remarriage and the basis on which the decree was granted on a separate sheet. Any additional information would be helpful. Each case will be reviewed on its own merits.)
12. If married, please state your spouse's name: \_\_\_\_\_
13. How many children and what are their ages? \_\_\_\_\_
14. Do you/your spouse abstain from: alcoholic beverages? \_\_\_\_ Illegal drugs? \_\_ Immoral Practices? \_\_\_\_
15. What is your present ministry? (Please state your actual ministerial activities in detail, along with the name of the ministry and where it's located)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. On the average, how many hours per week do you spend in Christian ministry? \_\_\_\_\_  
Explain: \_\_\_\_\_
17. Are you financially supported by the same ministry? \_\_\_\_\_
18. If you have an occupation in addition to the ministry, state what it is and how many hours in a week it consumes: \_\_\_\_\_

19. How long have you been employed in full-time or part-time ministry? \_\_\_\_\_

20. If you pastor a church, give name, address, and denomination \_\_\_\_\_

\_\_\_\_\_

21. Of what church are you a member? \_\_\_\_\_

22. What classification of credentials have you held previously? License \_\_\_\_\_ Ordained \_\_\_\_\_  
None \_\_\_\_\_

23. If yes, by what organization? \_\_\_\_\_

24. Have you ever been denied ordination or licensing? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

25. Has your ordination or license been revoked or suspended? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

26. Which designation are you applying for? Ordained Minister \_\_\_\_\_ Licensed Minister \_\_\_\_\_

Board Certified Chaplain \_\_\_\_\_ Board Certified Biblical Counselor \_\_\_\_\_

27. List the extent of your education below.

Name of School	Location	Yrs. Attended	Date of grad.	Subject/Major
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High School \_\_\_\_\_

College/Univ. \_\_\_\_\_

Bible College \_\_\_\_\_

Seminary \_\_\_\_\_

Other \_\_\_\_\_

28. List four individuals who are familiar with your present ministry that would be willing to vouch for you. Two should be ministers. Please type or print.

Name	Address	City, State, Zip	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

29. Please provide two letters of *personal* character reference and two letters of *professional* character reference.

**AUTHORIZATION FOR CRIMINAL RECORD CHECK**

I hereby authorize any person making inquiry on behalf of the Evangelical Bible Chapel, Greenacres Christian Academy, Evangelical Bible Seminary or the Interdenominational Minister's Association to obtain any information from police departments and any other criminal justice agencies relating to any criminal record. This information may include, but is not limited to, arrest and conviction records. I hereby direct you to release such information upon request, whether favorable or unfavorable, to any representative of the above-named institution presenting this authorization or a photocopy or facsimile copy of it. In order to assist in the compilation of this information, I hereby give the following information:

NAME: \_\_\_\_\_

MAIDEN NAME (if applicable) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

ALIASES IF ANY: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby release any individual, including record custodians, from any and all liability for damages, of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. This authorization shall be void six months from the date of execution.

A photocopy or facsimile copy of this document and any signature shall be considered for all purposes as an original.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. Personally know \_\_\_\_\_ OR Produced Identification \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Seal/Stamp:

\_\_\_\_\_  
Notary  
Signature

\_\_\_\_\_  
Printed  
Signature

### ***Tenets of Faith***

The Interdenominational Ministers Association is a ministry of the Evangelical Bible Chapel. Our purpose is to provide an organization that will offer ordination and licensing credentials to individuals that have been called by God, into ministry as missionaries, pastors, evangelists, chaplains, hospital & hospice ministers, youth leaders, or worship leaders. Our goal is to assist and equip them for service by providing accountability, training and said credentials.

All individuals applying for license or ordination must subscribe to the following Tenets of Faith. These tenets can never be changed, amended or modified.

**I Believe** the Bible (The Word of God) equally in all parts and without error in its origin, inspired by God.

**I Believe** in one God, eternally existent Father, Son and Holy Spirit, who created man by a direct immediate act;

**I Believe** in the pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to heaven, and the second coming of the Lord Jesus Christ.

**I Believe** in the fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all life or damnation.

**I Believe** in the spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world and witnessing of His saving grace through the ministry of the Holy Spirit;

**I Believe** in the sanctity of life (all life, living and unborn);

**I Believe** in the sanctity of marriage (man and woman);

**I Believe** in family, as taught in the scriptures.

### ***Ministerial Ethics***

Every member of the I.M.A. is required to subscribe to and live according to the Evangelical Bible Chapel Core Values.

### ***Disciplinary Procedure***

Members shall be subject to discipline, censure or removal from membership and annulment of ordination and cancellation of credentials for any of the following reasons:

- A. Activities that bring reproach upon the Christian ministry of the I.M.A.
- B. Sinful or immoral conduct, living in a state of transgression of the Holy Scriptures of the Bible (I. Cor. 6:9, 10; Gal. 5: 19-21) as interpreted by the Executive Board based on the Tenets of Faith of the EBC set forth in its constitution.
- C. Holding or teaching doctrines that are contrary to the Word of God or in opposition to the Tenets of Faith of this organization.
- D. Failure to comply with the terms of the constitution and bylaws of the EBC.

I desire to become a member of the Interdenominational Minister's Association. I hereby accept the above Tenets of Faith, EBC Core Values with understanding of the Disciplinary Procedure and certify on my honor to the truth of the statements made in answer to the proceeding questions. If accepted in the I.M.A. I will submit to the payment of annual dues and will submit an annual ministerial report each year to remain in good standing and to maintain the validity of my credentials.

Date: \_\_\_\_\_ Signature (Full Name) \_\_\_\_\_