



# MEMBERSHIP APPLICATION

FOR THE  
NETWORK OF INDEPENDENT PASTORS ASSOCIATION

## PERSONAL INFORMATION

Title	Last Name	First Name	Middle Initial
Spouse Name			
/ /		/ /	
Date of Birth		Anniversary Date	
Home address			
City	State	Zip code	
( ) -	( ) -	( ) -	
Home Number		Work Number	
( ) -		( ) -	
Home Fax		Mobile Number	
Email Address			

## CHURCH INFORMATION

Church Name			
Church Address			
City	State	Zip code	
( ) -	( ) -	( ) -	
Church Phone	Office	Fax	
Assistant Secretary			
Email address			
Church Web Site Address			
/ /			
Date of Establishment or Anniversary		Ministry Type	
Approximate Number of Members/Partners			

## PERSONAL REFERENCE 1

Title	Last Name	First Name	Middle Initial
Home Address			
City	State	Zip code	
(      )	-		
Phone Number	Relationship		

## PERSONAL REFERENCE 2

Title	Last Name	First Name	Middle Initial
Home Address			
City	State	Zip code	
(      )	-		
Phone Number	Relationship		

Please mail or fax this application along with the following items to the information below.

- » **Vision of the ministry**
- » **Statement of beliefs**

Mail to:

Network of Independent Pastors Association  
c/o Tim Harrell Global Ministries, Inc.  
707 South Military Hwy, Suite D  
Virginia Beach, VA 23464

Office: 757-287-5045  
Fax: 757-424-0113