



**worldministry**  
FELLOWSHIP

# SPOUSAL APPLICATION

6000 Custer Rd Building 3  
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ALL APPLICANTS PLEASE PRINT OR TYPE THE INFORMATION BELOW

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Number of Children: \_\_\_\_\_

Children's Name(s):	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you in agreement with and supportive of your Spouse's ministry? \_\_\_\_\_

Date of Salvation \_\_\_\_\_ Are you Baptized in the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_

Give your statement of faith \_\_\_\_\_

Is your spouse in agreement with you becoming a member?	YES	NO
Do you understand that you are required to support WMF with monthly dues of \$10 or more?	YES	NO
Have you enclosed a photo of yourself only?	YES	NO
Do you understand that you are expected to attend the Annual Convocation of WMF?	YES	NO
Do you understand that this is not ministerial credentials?	YES	NO
I understand that if at the time I join WMF, I am 70 years of age or older, I do not qualify for the Survivor's Assistance Fund.	YES	NO

I hereby certify the above questions are answered to the best of my ability and knowledge.

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

**FOR OFFICE USE ONLY**

Approved  Rejected

APPLICATION REVIEWED BY:

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

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