



Apostle Jullian Ricks
Presiding Prelate
destinyinternationalconnect@gmail.com

DESTINY INTERNATIONAL FELLOWSHIP PASTORAL APPLICATION

Active membership shall be open to all Pastors who possess and instruct their congregants to possess the following qualifications:

- (a) A testimony to a true salvation experience.
- (b) Having been baptized in water by immersion.
- (c) Evidence of a consistent Christian life (Romans 6:4; 8:1-4; 13:13, 14
Ephesians 4:17-32; 5:1, 2, 15; 1 John 1:6,7).
- (d) An indication of a willingness to contribute regularly to the financial support of the Church of which he is to become a member.
- (e) Acceptance of the Tenets of Faith as set forth in these bylaws.
- (f) Cooperate with assigned accountability leader.

Procedure for Membership Recognition

Those individuals eligible for membership who shall desire to become members of Destiny International Fellowship must complete a member application. After a successful review of the member application and completion of New Membership Orientation, signature of Covenant Agreement, and church Affiliation Documents candidates will be granted official membership. New members will be publically issued a membership card annually as evidence of their continued good standing with the affiliation.

Benefits of Membership

- Apostolic covering for the leader and ministry
- Multiple opportunities for fellowship



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- Ministry and leadership trainings
 - Church Administration
 - Church growth
 - Financial Management
 - Team Management
- Individual and family counseling
- Ministerial Preparation Modules for licensing and ordination

Membership Application

Please fill out this form and send to email destinyinternationalconnect@gmail.com

Church Information:

Pastor Name: _____

Church / Ministry Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

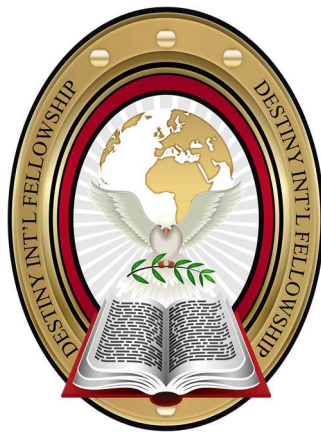
Email Address: _____

Phone Number: _____

Date that your church/ministry was founded: _____

Membership Size (Select Option):

- 1-50



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- 51-100
- 101-150
- 151 +

Church/Ministry Website: _____

Pastor Information:

Senior Pastor Name & Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Phone Number: _____

Gender: (Select Option)

- Male
- Female

Date of Birth: _____

Marital Status: (Select Option):

- Married
- Single
- Engaged



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- Divorced
- Widowed

Spouse Name: _____

Email Address: _____

Date of Birth: _____

Are you the church founder?

- Yes
- No

Please provide name, email address, and phone number of 2 ministry references.

1. _____

2. _____

