



LIVING FAITH WORLD MINISTRIES, INC. COVENANT FELLOWSHIP

Information Application

Please check one: Covenant Fellowship

Please complete LFWMCF application and submit to 950 Derbyshire Rd. Daytona Beach, FL 32117.

Pastor's Name _____

Spouse's Name _____

Street Address _____

City _____ State _____ Zip/Postal _____

E-mail _____ Website address _____

Home phone _____ Cell/work phone _____

Date of Birth _____ Spouse's Date of Birth _____

Wedding Date _____

ORGANIZATION/CHURCH INFORMATION

Name of Organization/Church _____

Street Address _____

City _____ State _____ Zip/Postal _____

Mailing Address (if different) _____

E-mail _____ Website address _____

Church phone _____ fax# _____

Date organization/church was founded _____

Founding Pastor _____

Approximate number of current membership _____

Number of ministerial staff _____

Number of leadership staff (deacons, officers, etc...) _____

Denomination affiliation _____

Is the church tax exempt? yes no

Please attach a listing of all church ministries.

****continue page 2 on reverse side****

APOSTLE DR. TONY BARHOO, SENIOR PASTOR • SHARLENE BARHOO, PASTOR
950 DERBYSHIRE ROAD • DAYTONA BEACH, FL 32117 • P.O. BOX 10861 • DAYTONA BEACH, FL 32120-0861
386-258-1258 OFFICE • 386-257-6535 FAX • WEBSITE: WWW.LFWM.ORG

In the event the pastor is unavailable; please include the name of a contact person that will be responsible for this information.

Name _____

Title _____

Street Address _____

City _____ State _____ Zip/Postal _____

Phone _____ Cell _____

Email _____

Office hours _____

Pastor's Signature _____ Date _____

Church Name _____

OFFICIAL USE	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>	
Signature _____	Date _____