



# LIVING FAITH WORLD MINISTRIES, INC.

## Appointment Application

All applicants must complete this form and meet with Senior Pastor

**Appointment to:**

- Bishop
- Area Director
- Regional Director
- International Director
- Elder
- Other \_\_\_\_\_

**Current License/Title:** \_\_\_\_\_ **License ID#:** \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle) (maiden name)

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Church Name \_\_\_\_\_ Senior Pastor  yes  no

Church Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

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

Church Phone (\_\_\_\_\_) \_\_\_\_\_ Church Website Address \_\_\_\_\_

Church E-mail Address \_\_\_\_\_

***I certified that all information is true and accurate. I have read and do understand all the requirements to renew my license.***

**\*\*Please enclose administration cost of \$100.00 payable to Living Faith World Ministries.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date