



Front Line Women

Doing Battle
in the Spirit Realm



Ministry Network

MEMBERSHIP APPLICATION

Discussion Group Username/ID	Date of Application
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PERSONAL INFORMATION

Last Name	First Name
Marital Status (Single, Married, Divorced or Widowed)	Date of Birth (Include Day, Month and Year)
Address	Phone
City, State, Mail Code (Country if Outside of USA)	Email Address

MINISTRY CALLING/POSITION

<input type="checkbox"/> Apostle	<input type="checkbox"/> Bishop
<input type="checkbox"/> Prophet	<input type="checkbox"/> Elder
<input type="checkbox"/> Evangelist	<input type="checkbox"/> Deacon
<input type="checkbox"/> Pastor	<input type="checkbox"/> Vocalist/Musician
<input type="checkbox"/> Teacher	<input type="checkbox"/> Dancer
<input type="checkbox"/> Other (Specify) _____	

FRONT LINE MEMBERSHIP

<input type="checkbox"/> Basic Membership Application needed only for participation in ministry events
<input type="checkbox"/> Ministry Affiliate \$25 Annual donation
<input type="checkbox"/> Ministry Covenant Partner \$100 Annual donation

CHURCH AND WORSHIP EXPERIENCE

Church Name	Pastor, Overseer or Spiritual Leader
Church Address	Church Affiliation/Denomination
Church Phone Number	Contact Phone Number
Church Phone	Email Address or Website

QUESTIONNAIRE: Answer the following questions completely and legibly. Attach extra paper as needed.

How did you hear about the Front Line Women Ministry Network? What drew you to us?



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Briefly describe your salvation experience.

Briefly describe the calling of God upon your life. What has God called you to do in the realm of ministry?

In what areas would you like to contribute to this ministry?

Briefly describe your education, licensing and ordination(s), if applicable:

Have you ever been suspected or convicted of a crime (other than a minor traffic violation)? Yes No

Do you currently use alcohol, tobacco or illegal drugs? Yes No



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We believe a minister of the Gospel must maintain the highest ethical and moral standards and display undeniable integrity on a daily basis. Has your integrity been compromised in any way? Yes No

If you answered "Yes" to any of the previous three questions, please attach a detailed explanation.

Have you been baptized? Yes No When? _____

Does your Pastor/Spiritual Leader approve of your involvement in our Network? Yes No

Are you willing to be accountable to the leadership of Front Line Women? Yes No

CONFIRMATION

I am willingly applying to become a member of the Front Line Women Ministry Network, a subsidiary of JOY OF THE LORD MINISTRIES. This application confirms my willingness to support this Network with my time, spiritual gifts and financial support. My signature confirms I have answered all questions honestly, to the best of my knowledge and capability. I have also been made aware of the doctrinal statement upheld by this ministry, and confirm that I agree with both the mission and vision of this Network.

Signature	Date
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Ministry Affiliate and Ministry Covenant Partner Applicants

Please attach a brief bio, photo (or logo) and ministry URL's for inclusion on our website.

Mail your completed application to:

Joy of the LORD Ministries, Front Line Women, PO Box 1760, Garner NC 27529
or complete, scan and email your application to prophet_joy@yahoo.com

YOUR APPLICATION DONATION WILL BE FULLY REFUNDED IF YOUR APPLICATION IS NOT APPROVED FOR ANY REASON

Make checks payable to JOY OF THE LORD MINISTRIES. Your donation may be made by PayPal to joyofthelord@nc.rr.com.