



Dear Prospective Member

Thank you for expressing your desire to become a member of ICFM. As you know, ICFM is dedicated to promoting the Word of Faith, and bringing unity and fellowship amongst various ministries and callings that are in the World today. ICFM Australia is part of a growing world-wide organisation designed to assist you to become more effective and for you to help others.

It is with pleasure that we enclose the application form for you to complete. You will find these instructions helpful in completing the form:

1. Your Affiliate Membership Pack should contain the following forms:
 - Introductory Letter
 - Affiliate Members Application
 - Sponsorship Recommendation
 - Ministers Recommendation & cover letter
 - Businessman's Recommendation & cover letter
 - Trustees Contact Details
2. You will need to be sponsored by an ICFM trustee. Contact addresses are enclosed. Make sure your sponsor fills out and returns to you in a sealed envelope the "*Sponsorship Recommendation*" form.
3. Please fill out the application form completely, being sure to sign it and to attach a current passport size photo for identification purposes.
4. Please give the "*Businessman's Recommendation*" to a Christian businessman, have him complete it and return it to you in a sealed envelope. Similarly, there is a "*Minister's Recommendation*" to be complete, and returned to you in a sealed envelope.
5. When you have completed the application form and the two letters of recommendation as well as the *Sponsors Recommendation* have been returned to you, send all four (4) forms, together with fees
 - (a) A non-refundable application fee of \$22 (inc.GST)
 - (b) Your first years membership of \$110Total of \$132 to;

ICFM Membership
PO Box 713
Broadbeach Qld. 4218

If applicable, please enclose a photocopy of your Ordination and/or Licence Certificate.

Note: A Tax Invoice quoting our ABN 20 008 636 075 will be sent to you with our receipt.

6. Your spouse may also apply and must complete a separate application form. Spouse membership is free if accompanied by a paid membership.
7. Upon receipt of all forms and application fee, your application will be processed and upon approval endorsed by the Australian Trustees, then sent to our International Headquarters in Arlington, Texas, USA. Once accepted, your application fee becomes the paid up membership fee for the current membership year. The Membership year is from 1 March to 28 February. Affiliate Membership Renewal Notices will be sent out in January. Prompt payment of dues will ensure continued membership.
8. We will acknowledge receipt of your application and fee by return mail. Notification of approval of your acceptance will be mailed to you as soon as possible from the International Headquarters of ICFM, Arlington, Texas, USA.

Thank you for your interest in ICFM. We look forward to an association of mutual benefit as we continue to promote the Word of Faith throughout our nation and world. Please do not hesitate to contact our main office if you have any queries.

Yours in His Service.

Ps Dale Smith
Australian President
ICFM AUSTRALIA



INTERNATIONAL CONVENTION OF FAITH MINISTRIES

FOR OFFICE USE ONLY

Date Rec'd _____
Details Updated _____

Receipt Number _____
Copied _____

Copy Sent to US Office _____
Letter Sent to Member _____

CONFIDENTIAL QUESTIONNAIRE
AFFILIATE MEMBERSHIP APPLICATION

PLEASE USE BLOCK LETTERS

1. Title (Rev. / Pastor / Mr / Mrs / etc).....
 2. Surname..... Date of Birth.....
 3. Christian Names.....
 4. Home Address.....
..... P/code..... Telephone (.....).....
 5. Ministry/Church Name.....
 6. Church Address.....
..... P/code..... Telephone (.....).....
 7. E-mail address.....Fax (.....).....
 8. Mailing Address.....
 9. Marital Status..... Name of Spouse.....
 10. Date of Marriage..... No. of Children.....
 11. When were you Born Again ?..... Filled with the Holy Spirit.....
 12. Is your Church a member of an Organisation or Denomination ? - if so please state name.....
 13. What is your recognised calling ?
- Are you engaged - Full time..... Part time.....
Inactive..... Retired.....
- Are you - Ordained..... Licensed.....
- Ordaining body or organisation.....
- List Bible Colleges attended.....
.....
- Courses completed.....
.....

Please
Fix
Photo
Here



14. Since being in the Ministry have you ever had, or are currently involved in, civil judgments or criminal proceedings against you ? If so please explain.....

15. To whom do you submit for your spiritual oversight?

Name..... Address.....
.....Telephone Number (....).....

16. Why do you want to join ICFM?

17. Please give a history of your experience

18. Will you do your best to become an active part of this convention.

19. Signature:..... Date:.....



CONFIDENTIAL QUESTIONNAIRE
SPONSORSHIP RECOMMENDATION

I have received the complete application for membership from.....
Address.....PhoneNo.(.....).....

I would summarize his attributes as follows: (check one in each line)

*Excellent *Good *Fair *Questionable *Poor *Unknown

	*Excellent	*Good	*Fair	*Questionable	*Poor	*Unknown
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In addition I have spoken to the applicant and would offer these comments:

.....

.....

.....

.....

I therefore **recommend / do not recommend** that this applicant be accepted as an affiliate member of ICFM.

I fully understand that I will be contacted as a disciplinary agent should the need arise and will assume that responsibility now.

.....
DIRECTORS NAME - BLOCK LETTERS
TRUSTEES ENDORSEMENT

.....
SIGNATURE

.....
DATE



MINISTER'S RECOMMENDATION

Dear Sir/Madam

Thank you for taking the time and agreeing to complete this questionnaire concerning our prospective members application to become an affiliate member of this Convention.

The information you give is very important to us, but please be assured it shall be kept in the strictest confidence.

Upon completion, would you please place this form in an envelope, seal it, and return it to the prospective member who gave it to you.

We appreciate your help in this matter.

Yours faithfully

Ps Dale Smith
Australian President
ICFM Australia



CONFIDENTIAL QUESTIONNAIRE *MINISTER'S RECOMMENDATION*

I have known.....for a period of years

Their address.....Phone No.(.....).....

I have known the applicant as a ☐ minister ☐ friend ☐ relative ☐ other

The relationship was ☐ intimate ☐ casual ☐ professional

To the best of my knowledge and judgment the applicant is: (check one in each line)

	*Excellent	*Good	*Fair	*Questionable	*Poor	*Unknown
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recognise the applicant as possessing a “call” to the 5 fold ministry, even though he/she may not yet be functioning in that capacity at the time of application ? ☐ Yes ☐ No

To your knowledge has the applicant ever been involved in heresy ? ☐ Yes ☐ No

Explain.....

Would you recommend the applicant for membership with ICFM without reservation ? ☐ Yes ☐ No

Any comments:.....

Signature:.....

Name:.....

Date:.....

Address.....

Name of your Church

City, State:.....P/Code.....

.....

Telephone (.....).....



BUSINESSMAN'S RECOMMENDATION

Dear Sir/Madam

Thank you for taking the time and agreeing to complete this questionnaire concerning our prospective members application to become an affiliate member of this Convention.

The information you give is very important to us, but please be assured it shall be kept in the strictest confidence.

Upon completion, would you please place this form in an envelope, seal it, and return it to the prospective member who gave it to you.

We appreciate your help in this matter.

Yours faithfully

Ps Dale Smith
Australian President
ICFM Australia



CONFIDENTIAL QUESTIONNAIRE
BUSINESSMAN'S RECOMMENDATION

I have known.....for a period ofyears

Their address.....Phone No.(.....).....

I have known the applicant as a ☐ customer ☐ friend ☐ employee ☐ other

The relationship was ☐ intimate ☐ casual ☐ professional

To the best of my knowledge and judgment the applicant is: (check one in each line)

*Excellent *Good *Fair *Questionable *Poor *Unknown

In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant for membership with ICFM without reservation ? ☐ Yes ☐ No

Any comments:.....
.....
.....
.....

Name:..... Signature:.....

Date:..... Address:.....

Name of Business..... City, State.....P/Code.....

Type of Business..... Telephone (.....).....



ICFM Trustees

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Phone (+61) 429 004 686

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Victory Life Toowoomba
jwwomi@yahoo.com

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