



# Application for Individual Membership

21 Blackthorn Ave Toronto, ON, Canada M6N 3H4 Email: [ecamfc.ca@gmail.com](mailto:ecamfc.ca@gmail.com)  
Phone: 647-748-2120

**Personal  
Color Photo**

*Please attach a personal color photo.  
Please include the details of your conversion experience and a brief testimony on a separate sheet.  
A cheque of \$50.00 for the processing fee of ECAMFC must accompany this application.  
Please print.*

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Sex:  MALE  FEMALE Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.I.N. \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Phone (Home) (\_\_\_\_) \_\_\_\_-\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_

Of what country are you a citizen? \_\_\_\_\_ What is your country of birth? \_\_\_\_\_

Marital Status:  MARRIED  SINGLE  SEPARATED  WIDOW(ER)  DIVORCED

Have you or you spouse been divorced?  YES  NO If YES, please include the date of divorce, date of remarriage and the basis on which the decree was granted on a separate sheet. Provide any information to helpful to reviews your case. \_\_\_\_\_

If married, what is your spouse's name? \_\_\_\_\_

How many children do you have and their ages? \_\_\_\_\_

Do you and/or your spouse abstain from:  ALCOHOL  ILLEGAL DRUGS  IMMORAL PRACTICES  
(1Cor.6:9, Gal.5:19-21) If your answer to any of these questions is negative, please do not apply. The use of fermented wine in communion, as practiced by some denominations, is acceptable by the ECAMFC.

## Ministry Information

What is your present ministry? Please list your actual ministerial activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many average hours per week do you spend in ministry? \_\_\_\_\_

Are you financially supported by your ministry?  YES  PARTIALLY  NO

If you have an occupation in addition to the ministry, state what it is and how many hours in a week it consumes.  
\_\_\_\_\_

How long have you been engaged in full-time or part-time ministry? \_\_\_\_\_ If more than five years, please, include a resume with your application.

If you pastor a church, give name and address: \_\_\_\_\_

If you are working for a parachurch organization please give the name and address of the organization: \_\_\_\_\_

Of what church and/or denomination are you a member? \_\_\_\_\_

Of what other churches have you been a member during the last five years? \_\_\_\_\_

What ministerial credentials have you held previously? NONE LICENSED ORDAINED

If so, by what organization? \_\_\_\_\_

Have you been denied ordination or licensing? If yes, explain: \_\_\_\_\_

Have your ordination or license been revoked or suspended? If yes, explain: \_\_\_\_\_

Under what credentials designation do you wish to be certified? LICENSE ORDINATION

In the ECAMFC, the Licensed Minister does not have the authority to perform the wedding ceremony.

How did you hear about the ECAMFC? \_\_\_\_\_

Why do you wish to become a member of the ECAMFC? \_\_\_\_\_

**Your Education**

<i>Name of School</i>	<i>Location</i>	<i>Years Attended</i>	<i>Graduation Date</i>	<i>Subject/Degree</i>
<i>High School</i>				
<i>College/University</i>				
<i>Bible College</i>				
<i>Seminary</i>				
<i>Other</i>				

If you need additional space, please use a separate sheet. If you have attended Bible College or Seminary, please include a copy of your transcript or write to the school and have the transcript sent to this office.

**References**

List four individuals who are familiar with your present ministry. Two must be ministers.

<i>Name</i>	<i>Street Address</i>	<i>City - Province</i>	<i>Postal Code</i>
1. Rev.			
2. Rev.			
3.			
4.			

*Please check the Beliefs, Ministerial Ethics, and Disciplinary Procedures of ECAMFC.*

**I desire to become a member of the ECAMFC and if received into the ECAMFC, I will remember it in prayer and interest myself in its financial support and effectiveness. I hereby accept the Beliefs, Ministerial Ethics with understanding of the Disciplinary Procedures and certify on my honor to the truth of the statements made in answer to the preceding questions. If accepted into the ECAMFC I will pay the annual dues and will submit a ministerial report each year to remain in good standing and to maintain the validity of my credentials.**

Signature \_\_\_\_\_ Date \_\_\_\_\_