



APOSTOLIC FAITH FELLOWSHIP

www.apostolicfaithfellowship.org

Ladies Ministry Certificate Application

Applicant Full Name _____

Mailing Address _____

City, State, Zip _____

Cell Phone _____ Email Address _____

Birth Date ____/____/____ Marital Status _____ Today's Date ____/____/____

Name Of Church You Attend _____

Church Address _____

Spouse Name _____ Birth Date ____/____/____ Number of Children _____

1. Is Your Husband A License AFF Minister? _____
2. License Applied For:
 - a. Ladies Ministry Certificate ____ \$100 per year or \$30 per quarter. Requirement for Ladies Ministry Certificate; Must be a lady that is 18 years of age, have read the Bible through, have read the AFF Ladies Ministry reading List.
3. What Are You Doing In Your Church? _____
4. Are You Willing To Help Raise Money For The AFF Ladies Ministries Department? _____
5. Do You Hold A Secular Job? _____
6. Do You Have Minor Children Living At Home? _____
7. Have You Or Your Spouse Ever Been Divorced? ____ If So, Please Attach A Letter With The Details.
8. Are You Living Common Law With A Person To Whom You Are Not Legally Married? _____
9. Have You Ever Been Dropped Or Left Under Question From An Apostolic Ministers Group? ____ If So, Please Attach A Letter With The Details.
10. Have You Ever Been Convicted of, Pled Guilty To, Child Abuse Or A Crime Against A Child Involving Actual Or Attempted Sexual Molestation? _____
11. Are You A Registered Sex Offender? _____
12. Do You Engage In Any Of The Following?
 - A. Alcohol Consumption? _____
 - B. Use Of Tobacco? _____
 - C. Non Prescription Drug Use? _____

D. Pornography? _____

13. Do You Believe The Second Coming of Jesus has already occurred (The Rapture) And We Are Currently Living In The Millennium? _____

14. Do You Believe That Satan Is Bound Right Now? _____

15. Do You Believe The Following Essential Doctrines?

A. The Oneness Of God? _____

B. It Is Essential to Repent, Be Baptized In Jesus Name, And Receive The Infilling Of The Holy Ghost With The Evidence Of Speaking In Other Tongues In Order To Be Born Again? _____

C. Holiness In Lifestyle And Separation From The World? _____

16. Were You Immersed In Water In The Name Of Jesus Christ For The Remission Of Sins? _____

17. Did You Receive The Holy Ghost With The Evidence Of Speaking In Other Tongues? _____

18. Do You Believe In The Eternal Punishment For The Unsaved Dead? _____

19. Do You Believe That Jesus Was Fully God And Fully Man, The Man Being The Son Of Mary? _____

20. Do You Believe That Homosexuality Is A Sin? _____

21. Do You Believe That A Marriage Is Defined As One Man and Woman? _____

22. Please Describe Briefly Why You Desire Membership In The Apostolic Faith Fellowship?

23. If You Are Not Under A Pastor's Direct Ministry, You Must Have A Three Person Accountability Group, One Of Which Must Be A License AFF Minister. Please List Name, Address, Cell Number and Email Address For Each;

1. _____

2. _____

3. _____

24. Your Pastor's Name and Cell Phone Number _____

25. If You Are Working Under A Pastor And Seeking Membership In The AFF, It is Recommended To Have Your Pastor's Signed Approval;

Pastor's Signature _____

Printed Pastor's Name And Date _____

26. Do You Or Your Spouse Currently Hold Ministerial License With Any Other Fellowship or Organization? _____

If So Please List _____

Husband's Signature _____

Applicant's Signature _____

Date ____/____/____ Printed Name _____

Please Submit To Your District



Please Do Not Write Below This Line - AFF District Use Only

Name Of District _____

Approved By:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Date Of Approval ____/____/____

Amount Received \$ _____

Please Send Original To: Ralph Blevins, 194 Rainbow Lane West, Dundee, FL 33838

Please Email Copy or Photo To: akers@apostolicfaithfellowship.org