



# Declaration Ministries Membership Application

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Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Holding Dual Citizenship? ☐ Yes ☐ No  
If yes, please explain:

## Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Remarried ☐ Spouse  
Deceased

Have you divorced and/or remarried since your call to ministry? ☐ Yes ☐ No  
If yes, please explain:

Is your spouse a Christian? ☐ Yes ☐ No

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Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been removed from a pastorate, deaconship, eldership or ministry for cause?  
☐ Yes ☐ No

Have you ever been excommunicated from a body of believers for cause? ☐ Yes ☐ No  
Please explain any yes answers from the previous three questions:

Have you ever been a part of a church denomination or organization? ☐ Yes ☐ No  
If yes, which one:

Are you free from all addictions (drugs, tobacco, alcohol, gambling, etc)? ☐ Yes ☐ No

Is your spouse free from all addictions (drugs, tobacco, alcohol, gambling, etc)? ☐ Yes ☐ No  
Briefly describe your current function in the body of Christ:

College/Seminary/Graduate Study:

School Attended/Location

Major

Degree

Date of  
Graduation

Other Education or Training. Memberships or Certifications held:

Ministry experience:

Do you or your spouse have any problems complying with the requests asked of you in the ministry and following the guidelines of the polity manual? ☐ Yes ☐ No

Is there any other piece of information about you that we should know?

References: (Please list three. At least two must be active in the ministry)

1.

2.

3.

By signing I affirm that the information given herein is true and correct to the best of my knowledge. I also agree to abide by the guidelines established in the polity manual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:

Declaration Ministries  
1823 Lori Lee Dr, Gallatin, TN 37066