

MEMBERSHIP REQUEST FORM

(This form must be completed before the Right Hand of Fellowship is given)

Personal Data

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Marital Status: Single Married Divorced Separated Widowed

If married, spouse's name _____ Anniversary Date: _____

Birth-date: Month _____ Day _____

Children's Name(s) (if any) _____

Occupation: _____ Profession: _____

Spiritual Data

1. Have you been baptized in Jesus' name? Yes No

If yes, Date: _____ Place: _____

2. Have you received the Holy Ghost speaking in tongues? Yes No

If yes, Date: _____ Place: _____

Former Church Data

1. Name of former pastor (if any): _____

Church (if any): _____

Address _____

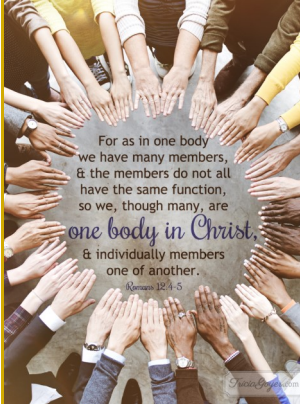
Phone: _____ Pastor's email: _____

2. Do you have a letter of transfer or recommendation? Yes No

If yes, please attach. If no, please obtain.

4. May we contact your former Pastor/church? Yes No

If no, please state reason: _____



For as in one body
 we have many members,
 & the members do not all
 have the same function,
 so we, though many, are
one body in Christ.
 & individually members
 one of another.
(Romans 12:4-5)

"So we, being many, are one body in Christ, and every one members one of another."
 (Romans 12:5).

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 Jamaica, NY 11432
 Phone: 718-657-7699
 Fax: 718-657-2722
 E-mail:
 info@allnationsapostolic.org
 Web: allnationsapostolic.org

(New converts only) Completed by Abundant Life Teacher

Successfully completed Abundant Life Class: Teacher's Name _____ & Signature _____

Serve

Called to...

General Information



You have completed this form because you have chosen to make All Nations your spiritual home. The **Right Hand of Fellowship** [RHOF] is the means by which a believer becomes an official member of All Nations. If you are a new convert, you must have completed the Abundance Life Class to be offered the RHOF. If you are transferring from a church of like precious faith (practices the apostolic doctrine of water baptism in Jesus' name and the infilling of the Holy Ghost with the evidence of speaking in tongues), we require an official letter of transfer from your former church.

Kingdom Service

At All Nations, we believe in making God's business our business. Therefore, we endeavor to be obedient in using our gifts, knowledge and experience to advance God's kingdom on earth. We have several areas of ministry in which any member may offer to willingly and joyfully serve. Please review the list below and prayerfully seek God's direction regarding how you can best serve Him. Once you have received direction, and have received the RHOF, please visit the pastoral office and obtain an Application for Volunteer Service (Please follow the instructions on the form.). Should you require further information on any ministry, please feel free to contact us at 718-657-7699.

We look forward to worshipping and serving God with you.

Umbrella Ministries

<input type="checkbox"/> Christian Education	<input type="checkbox"/> Evangelism	<input type="checkbox"/> Music†	<input type="checkbox"/> Special
<input type="checkbox"/> Communication	<input type="checkbox"/> Ladies	<input type="checkbox"/> Pastoral Office	<input type="checkbox"/> Youth
<input type="checkbox"/> Defenders (Men's)	<input type="checkbox"/> Marriage Life	<input type="checkbox"/> Resilient	

Pastoral Office - Direct Report Ministries:

- Altar C.O.P.E. Counselling Prayer School of Ministry

Ministries' Sub-Divisions

Christian Education	Communications	Evangelism	Ladies	Special Ministries
<input type="checkbox"/> Junior Church	<input type="checkbox"/> Digital/m-media	<input type="checkbox"/> Home Bible Studies	<input type="checkbox"/> Communion Preparation	<input type="checkbox"/> Baptismal Services
<input type="checkbox"/> Kingdom Builders (Adults)	<input type="checkbox"/> Guest Relations	<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Dorcas (Care Services)	<input type="checkbox"/> Culinary Services
<input type="checkbox"/> Nursery	<input type="checkbox"/> InTouch Services	<input type="checkbox"/> Prisons	<input type="checkbox"/> Temple Care	<input type="checkbox"/> Golden Agers
<input type="checkbox"/> CEM Teacher	<input type="checkbox"/> Media Relations	<input type="checkbox"/> Track	Youth	<input type="checkbox"/> HOPE
<input type="checkbox"/> Teen Tab	<input type="checkbox"/> Publications	<input type="checkbox"/> Parks & Subways	<input type="checkbox"/> Bible Quiz	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Vacation Bible Sch	<input type="checkbox"/> Web Admin.	<input type="checkbox"/> Zone O/R	<input type="checkbox"/> HYPHEN	<input type="checkbox"/> Medical Services

Other. (If you are burdened for a ministry not listed on this form, please specify here: _____)

(Please return completed form to the pastoral office.)

For Official Use Only

Date Received: _____

Date of RHOF: _____

Pastoral Approval: _____

Date: _____

†Includes musicians and singers.