



ABUNDANT HARVEST FELLOWSHIP OF CHURCHES, INC.
BISHOP DAVID G. EVANS, PRESIDING PRELATE
Abundant Harvest Plaza, 1115 Gibbsboro Road
Lindenwold, NJ 08021
Phone (856) 784-2220 & Fax (856) 784-1123
www.abundantharvest.com

FELLOWSHIP APPLICATION

- YES, I want to become a member of the Abundant Harvest Fellowship of Churches, Inc.
 My membership assessments are enclosed, \$300 (Pastor and Church) **or** \$200 (Pastor only)

MINISTRY DATA

MINISTRY/ORGANIZATION/CHURCH NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ (FAX) _____

PERSONAL DATA

NAME (TITLE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (WORK) _____ (HOME) _____ (FAX) _____

DATE OF BIRTH: _____ E-MAIL: _____

SPOUSE DATA

NAME (TITLE) _____ PHONE (WORK) _____

DATE OF BIRTH: _____ E-MAIL: _____

IF NOT A FORMAL CHURCH, BRIEFLY DESCRIBE YOUR MINISTRY: _____

WHAT IS YOUR TITLE WITHIN THIS MINISTRY? _____

QUESTIONNAIRE

1. Why do you want to become a member of the Abundant Harvest Fellowship of Churches?

2. What assets do you feel you will bring to the Fellowship? (i.e., gifts, strengths, ministry expertise)?

3. How can the Fellowship benefit your ministry and congregation?

4. Are you in agreement with the Articles of Faith, Constitution, and Standards of the Fellowship and willing to follow the biblical leadership of our presiding officer?

5. Are you affiliated with any other association(s)? If yes, please state:

CREDENTIALS

(Please include with this Application a copy of your credentials as well as a photograph.)

Licensed Yes No

Ordained Yes No

If licensed and/or ordained, by what Organization?

Leader's Name/Title

PRESENTLY SERVING AS:

- Bishop
- Pastor
- Assistant Pastor
- Minister of Music
- Youth Minister
- Missionary
- Evangelist
- Other: _____



PERSONAL SKETCH

Please give us a brief history of your conversion experience, call, gifts, ministry accomplishments, etc.

I pledge that I do agree with the Articles of Faith and Constitution of the Abundant Harvest Fellowship of Churches, Inc. I have enclosed my Assessments, fulfilling my initial membership commitment. I also pledge that the above information provided by me is true.

Signature _____ Date _____

(Please make checks payable to “Abundant Harvest Fellowship of Churches” and mail along with completed Application to the above address, attention Reverend Valerie Prescott.)