

Helping Others



To Help Others

H E L P S

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Ministry Fellowship International, Inc.



Dr. Afton B. Oglesby, President / Founder

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Membership Application

New Applicant Advancement Transfer Reinstatement

Date of Application _____ Home Phone (____) _____ - _____ Church Phone (____) _____ - _____

Full Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth ___/___/___ Date of Conversion ___/___/___ Place of Conversion _____

Spouse's Date of Birth ___/___/___ Date of Conversion ___/___/___ Place of Conversion _____

Present Marital Status : Married How long? _____ Single Divorced Widowed

Have you ever been divorced? Yes No How many times? _____ How many times since conversion? _____

Has your spouse ever been divorced? Yes No How many times? ___ How many times since conversion? ___

Credentials in which you are applying for: Ordination License Exhorter Transfer

Credentials you now hold: Ordination License Exhorter

Have you held credentials with another organization? Yes No If yes, please describe reason for leaving:

Describe what training you have had to qualify you for the ministry below. Please be sure to include any degrees of higher education that you presently hold: _____

Have you ever been convicted of a Felony? Yes No If you answered yes, please attach an explanation including the date and the circumstances.

Have you read the H.E.L.P.S. Constitution and By-Laws? Yes No

Have you read the H.E.L.P.S. Statement of Faith? Yes No

Do you agree to abide by the Constitution and By-Laws and Statement of Faith? Yes No

By signing the applicants signature, you are stating that you have answered all of the above truthfully to the best of your knowledge, and agree to be active in the advancement of the Kingdom of God, and active in H.E.L.P.S. Ministry Fellowship International by attending meetings and supporting one another.

Applicants Signature