

*“Equipping and Empowering Pastors and Churches for Kingdom Impact”*

## **MEMBERSHIP APPLICATION**

(Please Print Clearly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Title (if applies): \_\_\_\_\_

Church/Organization Name: \_\_\_\_\_

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

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

Church Location (if different from mailing address): \_\_\_\_\_

\_\_\_\_\_

Church Phone: \_\_\_\_\_ Church Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

How did you hear about GSFI? \_\_\_\_\_

### **State of the Local Church:**

How would you describe the current setting?  Rural  Suburban/County  Urban/City

If Pastor, how long have you held the position? \_\_\_\_\_ If Associate Pastor/Minister how long? \_\_\_\_\_

List day & time of services: Sundays \_\_\_\_\_ Mid-Week: \_\_\_\_\_

and other: \_\_\_\_\_

Average Attendance: Sunday \_\_\_\_\_ Mid-Week \_\_\_\_\_ Other \_\_\_\_\_

Average 1<sup>st</sup> Time Visitors per Month: \_\_\_\_\_ Total Church Membership: \_\_\_\_\_

## Questionnaire and General Information

Please describe your ministry to include the mission, vision, areas of strengths and weaknesses.

Mission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vision: \_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What subjects, topics, ministry components are of greatest interest to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas of expertise, training, education, experience you have that you believe would benefit GSF?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a fulltime or vocational pastor? \_\_\_\_\_

Please feel free to send us any other information you would like to share concerning your ministry (i.e., written mission, vision statement, bio's, etc.).  
**Please enclose a check or money order in the amount of \$300 with this application. You will be contacted upon receipt of this application.**

**Complete this application and return to:**

Good Shepherds Fellowship International  
PO Box 3282, Greensboro, NC 27402 or  
Email to: [hdennis@goodshepherdsfellowship.org](mailto:hdennis@goodshepherdsfellowship.org)

PLACE  
PHOTO  
HERE

Your Signature \_\_\_\_\_ Date \_\_\_\_\_