



# Eagle Mountain Fellowship of Ministries

## Membership Application For Individuals

Please type application completely and return to:  
**Eagle Mountain Fellowship Of Ministries, PO Box 7345, Bend, Oregon 97708**

Level of Connection Applying for: \_\_\_\_ Level One, \_\_\_\_ Level Two.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Marital Status \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Number of Children \_\_\_\_\_

Names \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

Nationality \_\_\_\_\_

Education:     High School     Technical School     College     Graduate School

Degrees held \_\_\_\_\_ Diplomas held \_\_\_\_\_

Honors or achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 1) Please include a recent photo of yourself when submitting your application.
- 2) Other Professional Qualifications or Experience:
- 3) Clubs or associations you belong to:
- 4) Hobbies or other interests:
- 5) Church history (such as denominations or movements you have belonged to):
- 6) Present Home Church \_\_\_\_\_  
 Denomination or Affiliation \_\_\_\_\_  
 Length of time with this church \_\_\_\_\_

Name

Date

Positions(s) you currently hold with this church \_\_\_\_\_

Positions(s) you have held in the past with this church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Other Ministry Association(s) you belong to: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

- 7) Describe your primary ministry (check one):     Apostolic     Prophetic     Evangelistic
- Pastoral     Teaching     Administrations     Intercession     Musician
- Helps     Other \_\_\_\_\_

---

**Answer the following questions completely (if additional space is required, additional paper can be used.)**

- 8) Give a brief statement of what you believe the baptism of the Holy Spirit to be, and your personal experience with this, if any.
- 9) Describe the gifts of the Holy Spirit that operate regularly in your life:
- 10) Which of the gifts of the Spirit do you most desire to operate in your life, and why?
- 11) Describe your ministry experience:

- 12) Have you trained others to work in your field for ministry?  Yes  No  
If so, describe their present ministry status:
- 13) Describe your personal vision for ministry:
- 14) Describe your foreign missions experience, vision for or relationship to any foreign country, religion, or group of people?
- 15) Which foreign languages do you speak, read, or write fluently?
- 16) What do you consider your two greatest strengths, and how do you use them, or plan to use them?
- 17) What do you consider your two greatest weaknesses, and what are you doing to correct them?







- 38) Write a one paragraph statement on what you most want to accomplish with your life.
- 39) What are your reasons for wanting to join EMFOM?
- 40) How can EMFOM help you fulfill your ministry vision?
- 41) Do you now, or have you in the past, known or had a working relationship with any EMFOM members or associated ministries? Describe:
- 42) How can you help EMFOM fulfill its vision?
- 43) Are you willing to serve on the EMFOM Board of Advisors, on a committee(s), as a ministry outreach leader, or in other leadership positions?  Yes  No

Comments:

**PERSONAL REFERENCES: Please list four individuals as references and give each person one of the enclosed reference forms so that they can send it to us in the envelope provided.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Relationship \_\_\_\_\_

Years Known \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_