

TOMMY LEE DRIVER MINISTRIES
P.O. BOX 224, PORT ORCHARD, WA 98366
E-MAIL: staff@tommyleedriverministries.org * PHONE: (360) 360-620-5017
APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please print or type

1. Demographics:

Full Name _____ Date _____

Address _____

City _____ State _____ Postal Code _____

Home Phone#(____) _____ Work Phone#(____) _____

Fax#(____) _____ E-mail _____

Male ___ Female ___ Date of Birth ___/___/___ SSN# _____

Ethnicity: ___ African American ___ Hispanic ___ White(Caucasian) ___ Asian/Island Pacific

___ Native American ___ Other(Specify) _____

U. S. Citizen: Yes ___ No ___

Marital Status: Married ___ Single ___ Widowed ___ Divorced ___ #of Children _____

2. Education:

EDUCATIONAL BACKGROUND				
	SCHOOL	LOCATION	DATES ATTENDED	DATE GRADUATED
HIGH SCHOOL				
COLLEGE				
UNIVERSITY				
SEMINARY				
OTHER				

Note: (Please include a copy of your transcript(s) with your application or write the school and have the transcript(s) sent directly to this office)

3. Current Ministerial Service:

Pastor ___ Assistant Pastor ___ Evangelist ___ Missionary ___ Youth Pastor ___

Lay Worker(specify): _____ Other: _____

How long: _____ Hours per week: _____ Location: _____

(If more than five years, please include a resume with your application)

4. Current Employment Status:

Employer: _____ Position: _____

How long: _____ Hours per week: _____ Location: _____

5. Ministry Credentials Requested:

_____ Ordination (more than 5 years of practical ministry experience)

_____ License (less than 4 years of practical ministry experience)

_____ Associate Membership

6. Written Testimony:

Please include the details of your conversion experience and brief testimony on a separate sheet of paper (preferably typed).

7. Comments:

1. What credentials have you previously held? ___ Ordained ___ Licensed ___ None

2. If so, by what organization? _____

3. Why do you wish to become a member of TLD Ministries? _____

4. How did you hear about TLD Ministries and who recommended you to this ministry?

8. References:

List four individuals who are familiar with your present ministry with Name, Address, City/State, Zip Code, and Phone Number. Two must be ministers.

1. Rev. _____

2. Rev. _____

3. _____

4. _____

Important: A \$25.00 processing fee must accompany all applications. Make checks payable to: TLD Ministries.