



APPLICATION FORM

ASSOCIATED CHRISTIAN MINISTRIES

I am applying for [tick one]:

- ACM membership with marriage credentials** (Please refer eligibility criteria in “Membership Categories and Fees”; Page 11)
- ACM membership without marriage credentials** as a member of an ACM church or ministry
- ACM Associate Membership**

NAME: (Print in full) _____
(Surname) (Christian Names)

HOME ADDRESS: _____

POSTCODE: _____ **COUNTRY:** _____

PHONE: _____ **MOBILE:** _____ **EMAIL:** _____

MARITAL STATUS: _____ **SPOUSE'S NAME:** _____ **NO. OF CHILDREN:** _____

MAILING ADDRESS: _____

CHURCH NAME: _____

CHURCH ADDRESS: _____

CHURCH PHONE: _____ **FAX:** _____ **NUMBER OF MEMBERS:** _____

YOUR PRESENT POSITION IN THE CHURCH: _____

FOR HOW LONG? _____ Full Time Part Time Itinerant

OTHER EXPERIENCE: _____

PREVIOUS AFFILIATIONS (if any): _____

SPONSOR'S NAME (if possible): _____

GIVE A BRIEF HISTORY OF YOUR MINISTRY WORK OVER THE LAST FIVE YEARS:

GIVE A BRIEF HISTORY OF YOUR CHURCH / MINISTRY: _____

OTHER DATA YOU MAY WISH TO ADD: _____

Please forward to: The ACM Secretary' 720 Doncaster Rd, Doncaster, Victoria 3108, Australia