



**Office Use Only:**

Affiliation Number: O/ \_\_\_\_\_  
 ID Number \_\_\_\_\_  
 Certificate printed  Yes  
 Credential Card printed  Yes  
 Payment Receipt printed  Yes  
 Date Posted: \_\_\_\_\_

**AFFILIATE MEMBER APPLICATION FORM**

\$100 Subscription per year

Connexions is built on the principle of Ministers in relationship with each other and is also committed to providing state and national conferences designed to help build your ministry and your church. We are not here to merely be a provider of Ministry Credentials, other Organisations already do that. We therefore need to consider it a priority to attend your state and national conference each year.

Affiliated Member is made available to those evidencing a call of God to the Ministry and who are engaged in ministry not requiring an Ordination Credential, e.g. Deacons, youth workers, teachers and other department leaders within the church and who are recommended by their pastors

A Certificate of Affiliation will be provided which will only be valid when accompanied by a current Annual Membership Card to 31st December of the current year.

*Please fill out the entire application form and post to the address at the bottom of this page.*

**PERSONAL PROFILE**

TITLE: (Mr, Mrs, Ps, Ev, Rev etc.) \_\_\_\_\_

Christian Names: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Contact No: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_

Church Office : ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Please give employment details if not in full time ministry: \_\_\_\_\_

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

**SPIRITUAL**

What denomination do you belong? \_\_\_\_\_

When did you become a Christian? \_\_\_\_\_ Briefly detail your conversion experience \_\_\_\_\_

Have you been baptised in water? \_\_\_\_\_ Date \_\_\_\_\_

Have you been baptised in the Holy Spirit? Yes / No When? \_\_\_\_\_

How much time do you devote to ministry each week? \_\_\_\_\_

How are you financially supported? \_\_\_\_\_

**MINISTERIAL INFORMATION**

Would you describe your ministry as 5 fold? Yes / No

Which office do you believe is your main calling - select one only:

Apostle     Prophet     Pastor     Teacher     Evangelist

In what capacity have you served your local church? \_\_\_\_\_

Please detail any leadership responsibilities \_\_\_\_\_

Please provide details of previous credentials with any other denomination \_\_\_\_\_

**CHURCH / Ministry DETAIL**

Name of your church / ministry? \_\_\_\_\_

Average weekly attendance or number ministered to \_\_\_\_\_

Current Responsibilities \_\_\_\_\_

Who is the senior Minister of the your church/ministry?

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

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

Telephone: \_\_\_\_\_

Do you have any other affiliations? Yes / No If yes who? \_\_\_\_\_

Please describe your ministry:

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Please give an outline of your ministry work in the last six months:

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Are there any other Connexions Ministers involved in your ministry? Yes / No

If yes, who? \_\_\_\_\_

### **CHARACTER DETAILS**

Have you ever been bankrupt? Yes / No

Have you ever been charged or convicted of an offence in Australia or a foreign country? Yes / No

Are you currently subject to an unresolved complaint, investigation or charge? Yes / No

Are you currently subject to or ever have been subject to any disciplinary action as a minister of religion or in any other profession, trade or employment? Yes / No

Have you ever been refused credentials or ordination by any other denomination? Yes / No

If you have answered Yes to any of these questions please provide full details \_\_\_\_\_

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### **MINISTRY EDUCATION**

Have you completed any formal ministry education eg. Bible School / College?

Name of Institution \_\_\_\_\_ Date Completed \_\_\_\_\_

Qualification/s Awarded \_\_\_\_\_

### **SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:**

1. One passport style photographs.  attached
2. Two recommendation letters from a pastor already in Connexions. If you don't know any, then two recommendation letters from two pastors in your area who know you and your ministry work.  enclosed
3. A brief description why you want this ordination and what you aim to accomplish.  enclosed
4. We require a National Police Check on line <https://www.checked.com.au/> or blue card  Enclosed
5. Payment is required once approved, to complete application. Email will be sent to let you know and request payment

Chq Pmts make out to - Connexions Ltd,  
Direct Deposit CBA- Acc Connexions Ltd  
BSB:062668  
A/c 10209808

for EFTPOS please ring 0417 007 230 office hours Tue - Friday

PO Box 5027 Bundaberg Qld 4670 ~ 0417 007 230 ~ [info@connexionsinternational.com](mailto:info@connexionsinternational.com) ~ [www.connexionsinternational.com](http://www.connexionsinternational.com)

**AUTHORISATION**

- Please DO NOT distribute my contact details to other Connexions Members
- I am happy for my contact details to be distributed to other Connexions Members.

Questions

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**PRIVACY**

I understand my personal information will be kept on a computer with a log on PIN and only used by trusted office staff and the computer is kept in a locked office. I understand my personal information will be shared with all directors my local state director for Connexions for the purpose of Contacting me. If ticked OK above I understand my Photo, address, and phone number will be shared with other Connexions members in the form of an address book and made available with a member log in on Connexions web site.

**DECLARATION OF APPLICANT**

I hereby apply for Ordained Ministers' Credentials with Connexions Ltd  
I have fully read and accept the statement of Faith of Connexions Ltd and  
Will uphold its principles of doctrine and conduct to the best of my ability.

Signature: \_\_\_\_\_

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

Date \_\_\_\_\_