

## **AGM Fellowship Network Application Form**

After having been fully apprised of the foregoing, I/We \_\_\_\_\_  
\_\_\_\_\_ (Name of Senior Pastor or Church) have decided to  
submit the following application to be considered as a member of the AGM Fellowship  
Network, holding membership as (circle one choice):

- 1) Agape Church Network
- 2) Agape Open Network
- 3) Agape Pastors Network

### ***Information of Person Filling the Form***

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

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

Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

### ***Church Information***

Name of Church:  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

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

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

Church Website Address:

\_\_\_\_\_

Church Social Media Addresses:

\_\_\_\_\_ Facebook

\_\_\_\_\_ Twitter

\_\_\_\_\_ Instagram

\_\_\_\_\_ YouTube

Physical Address of Church:

\_\_\_\_\_

City/Town: \_\_\_\_\_

State/Region/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Address of Church:

\_\_\_\_\_

City/Town: \_\_\_\_\_

State/Region/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Main Branch Congregation Size: \_\_\_\_\_

Number of Branches: \_\_\_\_\_

## ***Senior Pastor Information***

(Please complete this part if the Senior Pastor is different from the person filling this form)

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

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

Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Email Address:

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Senior Pastor's Website Address:

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Senior Pastor's Social Media Addresses:

\_\_\_\_\_ Facebook \_\_\_\_\_ Twitter

\_\_\_\_\_ Instagram \_\_\_\_\_ YouTube

## ***Pastoral Team & Other Information***

1. How many male pastors are serving full time in your church? \_\_\_\_\_
2. How many female pastors are serving full time in your church? \_\_\_\_\_
3. How many male pastors are serving part time in your church? \_\_\_\_\_
4. How many female pastors are serving part time in your church? \_\_\_\_\_
5. What other types of leaders do you have in your church?

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6. Which person or body of persons makes the final decisions in your church?

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7. Would you say that your church is Pentecostal? Why?

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8. Is your church making this application with the full approval of the highest decision making body in your church? \_\_\_\_\_. If not, why?

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Having duly completed this form, and by supplying the appropriate responses to the questions therein, I/we the undersigned hereby declare our intent to be admitted into the within named fellowship in accordance with our application; and thus affirm that upon the approval of our application, I/we shall endorse the covenants and agreements appertaining to the membership of the AGM Fellowship Network.

\_\_\_\_\_  
(Signature of Senior Pastor)

\_\_\_\_\_  
(Signature of Witness)

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

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

\_\_\_\_\_

\_\_\_\_\_

