

**On The Mark International Pastoral Fellowship**

**(OHMIPF)**

**Application For Membership**

***Completed Applications should be submitted to the Secretary of the OHMIPF Branch in your area***

**OR**

***Mailed to OHMIPF, P.O. Box 188, Corning, New York, USA 14830***

**OR**

***Emailed to [membership@onthemarkministries.org](mailto:membership@onthemarkministries.org)***

**Prospective Members: Complete this application package and mail to address above. Please complete all information legibly and completely. Only completed copies of this form will be accepted.**

**Application Package Checklist:**

- ✓ Completed "Application for Membership" form
- ✓ Photocopy of applicants' ministerial credentials (to include: ministry license; certificate of ordination; or relative certificates & documentation)
- ✓ Signature of an existing OHMIPF Executive Board member acting as your Nominator
- ✓ Annual Membership Dues (refer to chart below). Checks or Money Orders (domestic or international) in US Dollars may be made payable to "Faith To Face Ministries" with the note "OHMIPF USA" in the memo field:
  - **USA Applicants – Remit dues in the amount of \$100.00 (payable all at once or in 4, \$25 increments beginning on the date of the application and ending no more than 9 months later)**
  - **Africa/Asia/Central and South America Applicants – Remit dues in the amount of \$25.00 US Dollars**
  - **Other Applicants – Remit dues in the amount of \$100.00 US Dollars**
  - **Note: Dues are to be remitted annually by January 31<sup>st</sup> (and may be prorated for the first year of membership based on the quarter in which the membership took effect.**
  - **Note: The first year's dues are waived for founding members (those who join the Fellowship by December 31<sup>st</sup> of the year the Fellowship officially launched)**

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

Spouse's Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ OHMIPF Branch: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Date Licensed/Ordained: \_\_\_\_\_

Denominational Affiliation: \_\_\_\_\_

Name of Your Church Affiliation: \_\_\_\_\_

Church Affiliation Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Time Church/Ministry Existed: \_\_\_\_\_ Yrs.

Church Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website/URL: \_\_\_\_\_

Position You Hold in Ministry: \_\_\_\_\_

Position Your Spouse Holds in Ministry: \_\_\_\_\_

Your Birth Date: \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

Your Wedding Anniversary: \_\_\_\_\_

