Team Impact Ministries Australia

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An Association of Apostolic Ministries with similar spiritual values

APPLICATION FOR MINISTERIAL CREDENTIALS
TEAM IMPACT MINISTRIES
(Australia, NZ, & Oceania)

Personal Details

Name (First, Middle)	
Surname	
Title	
ID / Passport Number	
Date of Birth	
Gender	
Citizenship	
Marital Status	

Contact Details

Work Phone	
Home Phone	
Cel Phone	
Email Address	

Address Details

Physical Address:	**Mailing Address:**
_____ _____ _____ Postal Code _____	_____ _____ _____ Postal Code _____

Education

Institution	**From**	**To**	**Achievement**

Referring Minister

Name (First, Middle, Last)	
Name of Ministry	
Work Phone	
Cel Phone	
Email Address	

Ministry Information

Are you in full-time Ministry? (Y/N)	

Name of Ministry	
Ministry calling (Eg. Pastor, Counselor)	
Denomination /Affiliation	
Phone	
Email Address	
Website	
Your position in this ministry	
Number of years with this ministry?	

Briefly describe your present ministry experience:

Member type

Affiliate [ ] (*Holding an ordination)*	Pastor in Training [ ] (*If not yet ordained)*
Ordination [ ]	Business (affiliate) [ ]

Please tick appropriate type

What details do you want printed on your wallet-sized card?

Title and Name	
Name of Ministry	
Position – Eg Senior Pastor	
Country	

I, the undersigned applicant, declare that the information supplied is true and accurate and my signature witnesses that I am in agreement with all the bylaws and constitution of Team Impact Ministries and will abide by said terms and conditions as described.

Signature	Date

Documents required: Please note that no application will be finalized without all the required documents	**.1. Your complete application form signed & dated.** **.2. A Jpeg ID photo of yourself** **.3. Your proof of payment of $350.00 (use name and surname as reference)** **.4. Copies of your Ordination Certificate and Qualifications**

PAYMENTS MADE INTO THE FOLLOWING BANK ACCOUNT (Australia)

When making your deposit, please use your name and surname as a reference.

Bank Account Name	**TEAM IMPACT**
ABN	74 206 425 223
Bank	COMMONWEALTH BANK
Bank Address	SHOP 25, TWEED CITY, 54 Minjungbal Drive Tweed Heads 2486
Bank Account Number	1032 1944
BSB	064-410
PayID	0417 304 151
Swift Code	CTBAAU25
PayID	boardshapes@gmail.com

Once you have been allocated your membership number you can use your membership number for future payments.