MINISTRY LEADERS FAITH NETWORK

MEMBERSHIP APPLICATION

"And he gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers; for the perfecting of the saints, for the work of the ministry..."

EPHESIANS 4:11–12 (KJV)

WELCOME

Thank you for your interest in the Ministry Leaders Faith Network. Our network exists to cultivate faith, fellowship, accountability, leadership development, and Kingdom collaboration among ministry leaders and partners. Please complete this application prayerfully and thoroughly. Submission does not guarantee acceptance; all applications are reviewed according to the requirements of the selected membership level.

Applicant's Full Name _____	**Date of Application** _____
Preferred Membership Level _____	**Referred By** _____

Founded and Directed by Dr. Thurston Willoughby

Ministry Leaders Faith Network

Membership Levels

Select the level that best reflects your desired relationship and participation.

1	☐ ASSOCIATE MEMBERSHIP - $75 ANNUALLY For individuals seeking connection, fellowship, encouragement, and access to open Network programs, communications, and learning opportunities.
2	☐ PROFESSIONAL MEMBERSHIP - $150 ANNUALLY For ministry leaders who desire professional and ministry development, expanded learning opportunities, fellowship, resources, and connection with other Kingdom leaders.
3	☐ LEADERSHIP MEMBERSHIP - $250 ANNUALLY MLFN?s flagship individual membership level for established or emerging leaders seeking deeper leadership development, engagement, service, and collaborative ministry opportunities.
4	☐ EXECUTIVE MEMBERSHIP - $500 ANNUALLY For senior and executive ministry leaders seeking greater influence, strategic collaboration, leadership engagement, and opportunities to contribute to Network initiatives.
5	☐ MINISTRY / ORGANIZATIONAL MEMBERSHIP - $1,000 ANNUALLY For churches, ministries, and organizations seeking institutional partnership, collaboration, resources, sponsorship opportunities, and broader participation in the mission of MLFN.

Important: Membership privileges, participation expectations, dues or contributions, leadership assignments, and renewal requirements may vary by level and are subject to current Network policies and approval.

Membership Application

Please print clearly and complete every section that applies.

1 PERSONAL INFORMATION

Legal Name _____	**Preferred Name / Title** _____
Date of Birth (MM/DD/YYYY) _____	**Pronouns (Optional)** _____

Mailing Address _____

City _____	**State / Province** _____
Postal Code _____	**Country** _____
Primary Phone _____	**Alternate Phone** _____

Email Address _____

Website / Ministry Website _____	**Social Media Handle** _____

☐ Preferred contact: ☐ Email ☐ Phone ☐ Text Message ☐ Mail

2 CHURCH AND MINISTRY INFORMATION

Church / Ministry / Organization _____	**Your Present Position or Role** _____

Church / Ministry Address _____

Senior Leader / Pastor / Overseer _____	**Denomination or Fellowship** _____
Years in Ministry _____	**Years in Current Role** _____

☐ Current ministry status: ☐ Active ☐ Sabbatical ☐ Retired ☐ Emerging / In Training

☐ Are you ordained, licensed, commissioned, or otherwise recognized for ministry? ☐ Yes ☐ No

If yes, identify the credentialing organization and date

_____

☐ Is your ministry/church legally organized or incorporated? ☐ Yes ☐ No ☐ Not Applicable

Leadership and Faith Background

Your responses help us understand your experience, calling, and desired connection.

3 MEMBERSHIP SELECTION AND PARTICIPATION

- ☐ Associate Membership - $75 annually
- ☐ Professional Membership - $150 annually
- ☐ Leadership Membership - $250 annually
- ☐ Executive Membership - $500 annually
- ☐ Ministry / Organizational Membership - $1,000 annually

Briefly explain why you desire membership _____

_____

What do you hope to receive from and contribute to the Network?

_____

_____

4 CALLING, EXPERIENCE, AND AREAS OF SERVICE

☐ Primary ministry calling(s): ☐ Apostle ☐ Prophet ☐ Evangelist ☐ Pastor ☐ Teacher

☐ Additional areas: ☐ Administration ☐ Chaplaincy ☐ Missions ☐ Worship ☐ Youth / Children

☐ ☐ Outreach ☐ Media / Communications ☐ Education ☐ Counseling / Care ☐ Marketplace Ministry

Other calling, gifts, or areas of experience _____

Describe your testimony of salvation and call to ministry (attach a separate page if needed)

_____

_____

_____

List current ministry responsibilities or community involvement

_____

_____

5 NETWORK INTERESTS

☐ I am interested in: ☐ Leadership development ☐ Mentoring ☐ Fellowship ☐ Ministry resources

☐ ☐ Conferences / Revivals ☐ Community outreach ☐ Missions ☐ Prayer gatherings

☐ ☐ Teaching / Training ☐ Committee service ☐ Partnership / Sponsorship ☐ Other: _____

References and Membership Covenant

References should be familiar with your character, ministry, and leadership.

6 MINISTRY REFERENCES *Please provide two references who are not immediate family members.*

REFERENCE 1

Name and Title _____	**Relationship to Applicant** _____
Church / Organization _____	**Phone Number** _____

Email Address _____

REFERENCE 2

Name and Title _____	**Relationship to Applicant** _____
Church / Organization _____	**Phone Number** _____

Email Address _____

7 MEMBERSHIP COVENANT AND AFFIRMATIONS

By submitting this application, I affirm that the information provided is accurate and that, if accepted, I will endeavor to:

☐ Maintain a personal confession of faith in Jesus Christ and conduct myself in a manner consistent with biblical Christian character.

☐ Support the mission, values, unity, and good name of the Ministry Leaders Faith Network.

☐ Treat fellow members and leaders with dignity, honor, confidentiality, and respect.

☐ Avoid conduct that is divisive, abusive, dishonest, discriminatory, exploitative, or damaging to the Network or those it serves.

☐ Participate faithfully according to the expectations of my approved membership level.

☐ Respect the Network's leadership, policies, review processes, and right to approve, decline, suspend, or discontinue membership.

☐ Notify the Network if information in this application materially changes.

Applicant Authorization

Please review, sign, and retain a copy for your records.

8 STATEMENT OF UNDERSTANDING

I understand that membership in the Ministry Leaders Faith Network is a voluntary relationship and does not create employment, ordination, ecclesiastical covering, legal representation, or authority to speak on behalf of the Network unless separately granted in writing. I authorize the Network to contact the references listed and to verify information reasonably related to this application. I understand that additional documentation, an interview, orientation, membership contribution, background screening, or leadership approval may be required depending on the membership level and current policy.

☐ I have read and agree to the Membership Covenant and Statement of Understanding.

☐ I authorize the Ministry Leaders Faith Network to contact my listed references.

Applicant Signature _____	**Date** _____
Printed Name _____	**Membership Level Requested** _____

9 OPTIONAL SUPPORTING DOCUMENTS

☐ Attached, if applicable: ☐ Ministry résumé / biography ☐ Ordination or license copy

☐ ☐ Church/ministry information ☐ Letter of recommendation ☐ Other: _____

OFFICE OFFICIAL USE ONLY

Date Received _____	**Application Number** _____

☐ Application status: ☐ Approved ☐ Approved with Conditions ☐ Pending ☐ Declined

Approved Membership Level _____	**Effective Date** _____

Conditions, notes, or follow-up required _____

_____

Reviewed By _____	**Reviewer Signature / Date** _____

MINISTRY LEADERS FAITH NETWORK

Founder and Director: Dr. Thurston Willoughby • Ephesians 4:11–12