



“Edifying the body of Christ in the Spirit of Excellence”

Application Form

- Ordination, Licensing and Membership -

Destiny Changers International Ministerial Network

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APPLICATION FOR ORDINATION & LICENSING MINISTERIAL NETWORK MEMBERSHIP

PERSONAL INFORMATION

Title: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

ORDINATION & LICENSING FEE: \$450.00

I am applying to be ordained and licensed as a/an:

- Apostle
- Prophet
- Evangelist
- Pastor
- Teacher
- Minister
- Worship Minister
- Other _____

I am applying to be registered with the Destiny Changers International Ministerial Network.

I agree to pay an annual membership fee of \$250.00 (\$20.83 per month) to remain in good standing as a clergy in ministry with accountability oversight.



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Race/Ethnicity/Vital Statistics:

__ Caucasian __ African American __ Latino __ Native American __ Other

Height: _____ Weight: _____ Eye Color _____

Sex: __ Male __ Female

MINISTRY INFORMATION

Devotion to your calling: **Full time (100%)** or **Part time (50%)**

If Part time do you maintain a job, operate a business or an organization? **Yes** or **No**

Name of your ministry/church: _____

Ministry/Church Website : _____

Ministry/Church E-mail: _____

When was your ministry/church established? _____

Are you the founder of your ministry/church? **Yes** or **No**

If no, please check the following which applies:

My ministry/church is an affiliation of _____

I have a parent or mother church _____

Other _____



ORDINATION . LICENSING . MEMBERSHIP

FAMILY BACKGROUND

Please check any of the following that applies to you:

- Single
- Engaged
- Married
- Divorced
- Widow/Widower

If married, please provide the following information:

Name of Spouse: _____

D. O. B: _____ Phone Number: _____

E-mail: _____

How long have you married? _____

Do you have any child/children? Yes or No. If yes, how many? _____

List the names of your children and their date of birth (if you have more children than the allotted space, please write them in behind the sheet:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____



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EDUCATIONAL BACKGROUND

What is the highest level of education/degree you have achieved?

- High School (Diploma)
- Vocational School (Advanced Diploma/Diploma/Advanced Certificate/Certificate)
- 2 year College (Associate Degree)
- 4 year College (Bachelor's Degree)
- Graduate School/Master Degree
- Post Graduate/Doctorate Degree

Name of High School: _____

State: _____ Country: _____

Start Date: _____ End Date: _____

Did you graduate? Yes or No, if no do you plan to go back to school? Yes or No

Name of College/Vocational Institution: _____

State: _____ Country: _____

Start Date: _____ End Date: _____

Did you graduate? Yes or No, if no do you plan to go back to school? Yes or No

Name of Graduate/Post Graduate School: _____

State: _____ Country: _____

Start Date: _____ End Date: _____

Did you graduate? Yes or No, if no do you plan to go back to school? Yes or No



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CHRISTIAN LIFE

When did you become born again (date/year): _____

How long have you been a Christian? _____

Have you been water baptized by immersion? Yes or No

If yes, when were you baptized? _____

Where were you baptized? _____

Are you filled with the Holy Ghost with the evidence of speaking in tongues? _____

Please list the 9 manifestations of the gifts of the Holy Spirit that you operate in?

Are you called into the five fold ministry? Yes or No

If yes, please check one of the following:

Apostle Prophet Teacher Evangelist Pastor

Have you received ministry training? Yes or No

If yes, where and when? _____

If no, are you open to being trained in ministry? **Yes** or **No**

Have you been ordained? **Yes** or **No**

If no, are you open to being ordained? **Yes** or **No**

If yes, please attach a copy of your ordination certificate or details of the church/person who ordained you along with dates etc.

Have you been licensed in ministry? **Yes** or **No**

If no, would you like to obtain a license? **Yes** or **No**

If yes, please attach a copy of your license or list the organization/person that licensed you with contact information and details of your license date and license number:



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REFERENCE

Please provide the following references:

Moral Character:

1. Name: _____ Phone: _____
Relationship: _____ Length of Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____ Length of Relationship: _____

Proven Ministry Reference:

1. Name: _____ Phone: _____
Relationship: _____ Length of Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____ Length of Relationship: _____

I would like to obtain the following:

- Ordination Certificate
- Certificate of License
- Credential of ministry certificate/ID
- Clergy identification card
- DCIMN Clergy license card
- Clergy state license (needed to perform marriage ceremonies, and burials) ***This is an additional fee item, as the fees for state applications, differs by state.**
- Ministry training and development
- Provide leadership to the network



Destiny Changers International Ministerial NETWORK

ORDINAND STATEMENT OF FAITH

In a one sentence paragraph please write your personal statement of faith as a born again Christian that shows your believe in the Godhead/Trinity, Salvation, your relationship with Christ and your personal testimony/affirmation of the call of God upon your life.

Name of Ordinand: _____

Signature: _____ Date: _____



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I, _____ (name) affirm that I have provided truthful and accurate information to my knowledge as requested on this application form. I understand that any false statement or information would be grounds for the disqualification of my application into DCIMN.

I hereby release DCIMN to do a reference check on all the information I have provided. I understand that full payment of my annual membership fee is needed before I can receive any network benefits. Partial payment of membership fees will not suffice for my access to benefits and or resources.

By the appending of my signature, I agree to all the by laws and code of conducts set forth in DCIMN. I will not violate copyright laws and infringe on the network's intellectual properties, writings and any legal documents. Violation of any of these will incur legal action where necessary.

Submit the following with your application:

- An Electronic passport size photograph of yourself
- DCIMN Code of conduct
- Statement of faith

PRINT NAME: _____

SIGNATURE: _____ DATE: _____