

**INTER DENOMINATIONAL
{FULL MEMBERSHIP FORM { Tier 2 } GIFOC**

GOWE INTERNATIONAL FELLOWSHIP OF CHURCHES

This form is for those who will love to become full members of GOWE International Fellowship Of Churches registered under Gospel Evangelical to gain the benefits as a full member mentioned in the full Information of Gospel Evangelical Int'l Churches. But not affiliate AND NOT UNDER Gospel Evangelical International Churches.

1. Name of the Leader. _____

Title
First Name
Surname
2. Name of Your Church /Group /Organization that you wanted to become a member _____

3. Address of the Organization {Not Post Office Box} _____
 _____ P.O. BOX Address here. _____
- 4 .Telephone _____ Email. _____
- 5, Your WEB Site _____ If No. Will you like us to help
 You build one through our www.aristosit.org company for you? _____ If yes order for it now.
6. I want to be Independent without been under Gospel Evangelical International Churches. Yes Or No
7. I and my Church /Group/Organization would like to be a member of GIFOC and gain the membership benefits such as {Please mention what you will love to gain by becoming a member { _____

- 8 .Will you love to be Ordained as a {Mention it here} _____
9. How long have you been running your Church / Organization ? _____
10. Are you full time Minister or Part Time{ YES OR NO} _____ If yes. How are you supporting Yourself and the Church _____
11. Is your Church registered in your Country of Origin? If yes,Please what is the Registration Number? _____
 _____ And how many Numbers of Committee have you got? _____
 Is the Constitution of your Church agreed by your managing committee _____.
12. Do you understand that Gowe International Fellowship of Churches is an Inter-denominational and all Our members may not agree in all teaching and doctrine. YES _____ NO _____
13. Will you agree and abide by the rules and regulations of GIFOC. Yes _____ No _____
14. Are you considering to be Consecrated as a Bishop. Yes _____ No _____ if yes How many Churches have you got under you _____ In how many Towns or Cities _____ How many Pastors/Reverend/Evangelists under your supervision at the moment _____ How many years? _____
 Separate form (tier 1) shall be sent to those who needed to be ordained and be consecrated.
15. Please give us one Minister who knows you and can testify about your ministry and your activities .
 Print Name. _____ Address _____ Telephone _____
 Signature _____ What is this person to you _____ How Long _____
16. Please tell us your DATE OF BIRTH. _____ And send us passport picture of yourself.
17. Will you love to buy property/start Business/Study/Church Overseas as we are here in the Uk/USA etc To help you in all ways, your Church and family to fulfill your dream and vision. Yes / No _____

I hereby declare that I would humbly abide by the rules and regulations of this fellowship and I can be Dismissed and my membership cancelled if all the details given to be false or if I go against the GIFOC RULES AND REGULATIONS According to the Constitution order and would live and preach Bible truth.

SIGNATURE OF THE APPLICANTS _____

DATE _____

FOR OFFICE USE ONLY

Application Received Date _____ Accepted / Refused _____ Documents enclosed _____ Ref No _____