



APPLICATION FOR MEMBERSHIP

3100 Briar Cliff Avenue Fort Smith, AR 72908

Tel. (479) 424-0314 Fax (479) 649-0605 wme@wmeinc.org

1. Name _____ Male _____ Female _____
Address _____ D.O.B. ____/____/____
City _____ State _____ Zip _____ E-mail _____
Phone Number () _____ Fax () _____ Work () _____
Occupation _____ Employer _____
Tax ID# _____ S.S.# _____
2. Name of your Pastor _____
Church Name _____
Address _____ Phone Number () _____
City _____ State _____ Zip _____
3. Are you married? _____ Yes _____ No
Spouse's Name _____ D.O.B. ____/____/____
Wedding Date ____/____/____ Number of Dependents _____ List names and D.O.B. below
Name _____ D.O.B. ____/____/____
Name _____ D.O.B. ____/____/____
Name _____ D.O.B. ____/____/____
Is your spouse in agreement with your desire to be a part of WME? _____
*Have you been divorced? _____ Yes _____ No How long? _____
*Have you been remarried? _____ Yes _____ No How long? _____
*Has your spouse been divorced? _____ Yes _____ No How long? _____
(If you have answered "yes" to any of the above questions, please attach a letter of explanation.)
4. Have you ever been involved in, or charged with, homosexuality or immoral conduct of any nature?
_____ Yes _____ No (If so, please attach a letter of explanation.)
5. Have you been licensed? Yes No Have you been ordained? Yes No
By whom? _____
Date ____/____/____ Name of church/organization _____
Address _____ (Please attach copy of ordination certificate or license.)
6. What calling in ministry are you presently following? _____
List Spiritual Gifts, Skills & Talents _____
7. Name of other religious organizations where you hold membership:
Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____
How long have you been associated with these organizations? _____

8. Please check the level of ministerial service you desire to be recognized by WME:
 ___ Ordination (#5 of application must be completed with Ordination certificate attached)
 ___ License (#5 of application must be completed. Please attach letter from your church stating your responsibilities.)
 ___ Lay Minister (Please attach letter from your church stating your responsibilities.)
9. Are you willing to abide by the rules and by-laws of WME? _____ Yes _____ No
10. Briefly describe why you would like to be a member of WME? _____

11. In keeping with 1 Th. 5:12 "...to know them that labor among you...", please attach a Personal Reference Form that has been completed by a brother or sister who is currently a member of WME.
12. Recommended by: Name _____ Phone Number () _____
 Address _____ City _____ State _____ Zip _____
13. Education and Experience: _____

14. Additional Comments _____

15. Please enclose the application fee of \$50.00 (*Application fees are non-refundable.*)
16. Please enclose a passport photograph of yourself (if possible).
17. Annual membership is due by January 31st of each year.

Signature of Applicant _____

Date ____/____/____

FOR OFFICE USE ONLY	
APPLICATION	
Date office received Application	_____
Application Fee Received	_____
Paid By:	_____
Referring WME Member	_____
Date office received Referral	_____
Interviewing Presbyter	_____
Date of Presbyter interview and recommendation in writing received	_____
Approved for Membership	
() Yes () No	
Approved for Level of Ministry:	
<input type="checkbox"/> Ordained - <i>WME recognizes ordination</i>	
<i>Ordained by</i> _____	
<input type="checkbox"/> Ordination Certificate attached	
<input type="checkbox"/> Licensed - <i>WME recognizes license by local church</i>	_____
<input type="checkbox"/> License document attached	
<input type="checkbox"/> Documentation from local church attached	
<input type="checkbox"/> Lay Minister	
<input type="checkbox"/> Documentation from local church attached	
Membership Card Sent	_____
Membership Certificate Sent	_____

FOR OFFICE USE ONLY	
New Level of Ministry	
Date Member submitted request	_____
New Level of Ministry is from _____ to _____	
Member good standing with WME for one year	<input type="checkbox"/> yes <input type="checkbox"/> no
Date office forwarded request to Presbyter	_____
If Ordination:	
Member's Local Church performing Ordination	_____
Date of Ordination	_____
WME Representative Present	_____
Date office received Ordination credential	_____
Ordination recognition card Sent	_____