

INDIVIDUAL MEMBERSHIP APPLICATION

KADASH NETWORK

1206 Florida Boulevard • Baton Rouge, LA 70802
Post Office Box 84062 Baton Rouge, LA 70884
225- 383-3170 • Fax: 225-383-1351 •
Email: kadashnet@ymail.com

Please type or print legibly.

I am making application for the following ministerial credential. ✓ **CHECK APPLICABLE LISTING BELOW**

ORDINATION LICENSE FIVE FOLD MINISTRY GIFT (Please Check)

APOSTLE PROPHET PASTOR/TEACHER EVANGELIST MINISTER

PERSONAL PROFILE:

Your full name: _____ Date: ____/____/____

Home address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Cellular: (____) _____ Other: (____) _____

Email: _____@_____ Website: _____

Date of birth: ____/____/____ Male Female

Marital status: Married Single Separated Divorced Widow/Widower

Country of citizenship: _____ Spouse: _____

Spouse's name: _____

In what year did you accept Jesus Christ as your Savior? _____

Have you been water baptized by immersion? YES NO

Do you believe in the baptism of the Holy Spirit with the evidence of speaking in tongues?..... Yes No Not Sure

What is your primary spiritual calling or vocation: ✓ **CHECK ONE ONLY.**

Pastor/Teacher Prophet Evangelist Apostle Missionary Minister

How are you supported financially? _____

How did you learn of KADASH NETWORK? _____

Briefly tell us about your current ministry service and the people you have been called to serve. (see below)

CHURCH INFORMATION

Do you have a home church you attend on a regular basis? YES NO

Name of your home church _____ Pastor _____

Address _____ City _____ ST _____ Zip _____

Telephone (____) _____ Cell# _____ Email _____

Website _____

Your position _____

MINISTERIAL INFORMATION

Are you in full time ministry YES NO

What other denominations or ministerial organizations have you been credentialed with?

Have you been ordained by the laying on of hands? YES NO

Do you live a Biblically moral lifestyle, one that is worthy of the Christian ministry? YES NO

CURRENT MINISTRY SERVICE REVIEW

Briefly tell us about your current ministry service and the people you have been called, anointed and appointed to serve.

EDUCATION

Please list any formal education you have received.

Indicate highest grade level you reached

HIGH SCHOOL _____ COLLEGE OR BIBLE SCHOOL _____ SEMINARY _____

Other courses completed: _____

Please check ministry calling areas:

Pastor Associate Pastor Evangelist Teacher Missions Youth Ministry Music Ministry
 In home Bible study groups Cell Ministry Prison Ministry Nursing Home Chaplaincy Singles Ministry
 Apostolic Prophetic Couples Ministry Elder Care Elder Deacon

Other areas of experience: _____

MINISTERIAL RECOMMENDATIONS & ENDORSEMENTS

If you have a KADASH Network Partner as sponsor, give name here: _____

If you do not have a KADASH NETWORK sponsor, list two ministerial references:

1. Name _____ Address _____ City _____ ST _____ Zip _____

Telephone (____) _____ Email: _____

2. Name _____ Address _____ City _____ ST _____ Zip _____

Telephone (____) _____ Email: _____

By affixing my signature to this application I hereby apply for ministerial credentials with KADASH NETWORK. The information that I have shared is true and correct and I agree to abide by the KADASH Ministerial Code of Ethics. Please find enclosed my network application fee or my credit/debit card authorization.

Signature _____ **Note: Please attach a recent 4X6 or 5X7 color photo**

OFFICE USE ONLY: Date application received ____/____/____		Sponsorship or Recommendations forms received? _____	
Application received \$ _____	How paid _____	Ck# _____	Approved _____ Data Entry ____/____/____
Date certificate sent ____/____/____	Remarks _____		

MINISTERIAL RECOMMENDATION & ENDORSEMENT

PLEASE NOTE: This form is to be completed by a Five Fold Minister that can give testimony to the qualifications of the applicant. All information is confidential. Mail this form to the KADASH Network general office at the address shown above. Thank you for your prayer, time and consideration.

Applicant's Name _____ State _____

How long have you been acquainted with this applicant? _____

What is your current ministerial calling or vocation? _____

In what capacity do you know the applicant? _____

Have you had sufficient opportunity to observe this applicant's life and ministry? Yes No

HOW WOULD YOU RATE THE APPLICANT IN THE FOLLOWING AREAS:

	Excellent	Good	Fair	Questionable	Poor	Unknown
Word life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic relations with children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian life and testimony.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with financial matters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preaching / teaching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication to the ministry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's dedication to God and Christian principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Do you fully endorse and recommend this applicant for ministerial credentials? Yes No
If you have reservation to your endorsement please give comments on reverse side of this form.

Your name _____ Date ____/____/____

Address _____ City _____ ST _____ Zip _____

Telephone (____) _____ (____) _____ Email: _____

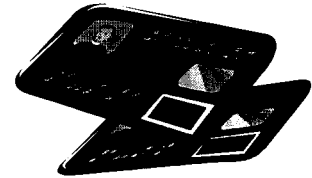
Your signature: _____

Use the back side of this form for any additional comments you would like to share

PLEASE MAIL THIS FORM DIRECTLY TO KADASH NETWORK-1206 FLORIDA BOULEVARD- BATON ROUGE, LA 70802

CREDIT / DEBIT CARD PAYMENT FORM

Use this form to pay your membership dues by credit or debit card.
All information is confidential and this form will be shredded after use.



VISA or MC: 3 digits



AMEX: 4 digits

INSTRUCTIONS: Check the box next to the card you will be using. If you are using a **MasterCard** or **Visa**, you will need to give the **3 digit numbers** you will find on the reverse side of your card located on the signature panel. It will be the last three numbers. When using an **American Express** card you will need to give the additional four (4) numbers from the front of the card. Your information cannot be processed without these numbers.

Please check the type of card you are using -

VISA MasterCard DISCOVER AMERICAN EXPRESS Card Expiration Date: ____/____

Card Number: _____

3 Digit Number located on signature panel - _____ 4 Digit Number From Front Of Card - _____

Name as it appears on card: _____
Print or type legibly so there is no misunderstanding

Billing Address Associated with this card: _____

City: _____ State: _____ Zip: _____

Telephone associated with this card including area code: (____) _____

Daytime phone with area code: (____) _____ - _____

Indicate the amount to be charged to your card: \$ _____

Signature: _____

SUBMIT THIS FORM WITH YOUR APPLICATION - PLEASE MAKE SURE ALL INFORMATION IS CORRECT & LEGIBLE

.....
Use this for your records until regular receipt is received

CREDIT/DEBIT CARD TRANSACTION

Date: ____/____/____

Purpose: Network Fees- KADASH NETWORK

Type of card used: _____

Amount \$ _____

CHURCH or MINISTRY AFFILIATION
APPLICATION INSTRUCTIONS & CHECK-OFF LIST

Please read over and follow the instructions and guidelines stated below. Use this form as a Check-off list prior to mailing your application to KADASH NETWORK.

Ck box when
complete

1. Complete the entire application using N/A for those questions that do not pertain to your church or ministry.
2. Type or print legibly in black ink.
3. Remit the appropriate application fees.
4. Review your application to make sure all questions have been answered and all supporting documents are included.

If you have any questions regarding the application process, please contact the KADASH NETWORK office. We look forward to receiving your application. Once the application is received it shall be processed within five working (5) days.

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APPLICATION FOR CHURCH AFFILIATION

PLEASE NOTE: This application is for Church affiliation only. To qualify as a church you must have a group of people that meet on a regular basis with a set statement of faith and doctrine. Each Church remains autonomous. Please respond to all the questions on the application and use NA for those not applicable to you. Mail this application to the KADASH NETWORK general office along with the application fee of \$100.00.

- PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK -

1. Date of application ____/____/____
 2. Name of Church _____
 3. Mailing Address _____ City _____ ST ____ Zip _____
 4. Physical Address _____ City _____ ST ____ Zip _____
 5. Pastor's Name _____ Phone: Res:(____) _____ Off: (____) _____
 6. Email: _____@_____ Web Site: www. _____
 7. Secretary's Name _____ Phone (____) _____
 8. Does the Pastor have personal membership with KADASH NETWORK? ___Yes ___ No ___Applied for
 9. If the Pastor does not have KADASH NETWORK membership, is he/she credentialed with another group?
___Yes ___ No
 10. Is the Church incorporated? ___ Yes ___ No If Yes: What Year: _____ What State: _____
 11. Does the Church have: By-Laws ___Yes ___No - Statement of Faith ___Yes ___No
 12. Approximate size of congregation: 1-25 26-50 51-100 101-200 201-300 301-400 500+
 13. Do you keep Minutes of business meetings? ___Yes ___No If No, will you begin to do so? ___Yes ___No
 14. Do you have an EIN? ___Yes ___No If Yes, give number _____ - _____
 15. If you do not have an EIN, have you applied for one? ___Yes ___No If Yes, when? _____
 16. Is the Pastor or any staff member paid? ___Yes ___No If Yes, are taxes withheld? ___Yes ___No
 17. Have you read and do you agree with our Statement of Faith? ___Yes ___No - We agree _____
 18. Does your Church operate a Day Care, Nursery or School? ___Yes ___No
If Yes, give description: _____
 19. Does your Church have a Child Abuse Policy? ___Yes ___No
- Do you ordain Ministers through your Church ministry? ___ Yes ___ No -

Check each of the believes and practices your Church agrees with and participates in:

1. It is only through the shed blood of Jesus Christ that we have remission of sin .
2. Water baptism by total immersion
3. Baptism of the Holy Spirit with the evidence of speaking in tongues
4. The Gifts of the Spirit are operational today as with the first church
5. Holy Communion
6. Divine healing, spiritual and physical
7. The Five-fold ministry

Give the date your Church was founded _____/_____/_____

Through what source did you learn of KADASH NETWORK? _____

Is the Church involved in any type of missions? Yes No Foreign Domestic

Please read and sign: A motion was made and carried that _____ Church would file for affiliation with KADASH NETWORK to come under the spiritual covering of KADASH NETWORK. The Church maintains its individual sovereignty under one Sovereign, the Lord Jesus Christ.

Accepted and signed by: _____ Position _____

OFFICE	NAME	ADDRESS (City & State)
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Pastor / Director: _____

OFFICE USE ONLY:

Church referred by _____

Is the Pastor known by any KADASH NETWORK member? _____

Name: _____

Action taken on this application: _____

Date approved ____/____/____ Declined ____/____/____

Comments: