

MEMBERSHIP APPLICATION

Ministry / Christian Non-Profit Organization

Thank you for your interest in becoming a member of HIM! Please complete this application as thoroughly as possible to expedite the processing of your application. We're honored by your desire to join our global apostolic family.

IMPORTANT NOTE:

This application is for <u>MINISTRY/CHRISTIAN NON-PROFIT ORGANIZATION</u> leaders/founders. If you are applying as a 7 Mountains leader who does not lead/operate a church, ministry, or non-profit, please download the Leader in the Workplace Application online at: harvestim.org/membership-application or email info@harvestim.org and request a copy.

SECTION 1: MEMBERSHIP CRITERIA & APPLICATION INFORMATION

Ministries will be considered for HIM membership based on meeting the criteria below:

- 1 The ministry/organization is fulfilling the Great Commission through kingdom tools.
- 2 The ministry/organization is embracing and operating in the fivefold and supernatural realm.
- 3 The ministry/organization understands the roles of the Ephesians 4:11 spiritual functions.
- 4 The ministry/organization can apostolically align with the Presiding Apostle of HIM and the Apostolic Team.

These operational requirements are also required for each ministry applying for membership:

- 1 The ministry/organization has a legal nonprofit status with the government, per that country.
- 2 The ministry/organization has a form of government in place with written guidelines, bylaws and policies.
- 3 The ministry/organization is hosting weekly meetings, or city outreaches (in the case of a nonprofit organization). These gatherings must represent more than a home group or Bible study.
- 4 The ministry/organization has committed members, shareholders (if a nonprofit organization) and a likeminded community.
- 5 The ministry/organization has official records of membership and accounting.

Important notes to consider before you apply:

- 1 This application must be filled out by the Senior Leader/Founder/Director of the ministry applying for membership, as HIM membership is connected to the individual/couple who submits this application.
- 2 HIM provides the benefits of apostolic alignment, spiritual covering, strategic relationship, and mentoring to all members. In addition, members receive discounts on all HIM Transformation Trips, conferences, conference resources, Wagner University tuition (10%), and much more.
- 3 While dual network affiliation is welcomed, an HIM member considers HIM as their primary apostolic alignment regardless of denomination or other network relationships.
- 4 All documents and information submitted with your application will be kept secure and confidential.

To complete your application, please submit the following before you mail in this form.

- Submit a current, high-resolution headshot of you (and your spouse, if you are married).
 Please submit a photo of at least 1200 x 1200 pixels that is not blurry by emailing it to info@harvestim.org.
- 2 Submit a \$250 non-refundable application processing fee online at harvestim.org, or enclosed with your mailed application.

I understand that by submitting this application I am indicating I am the Senior Leader/Founder/Director of the ministry on behalf of which I am applying for membership to Harvest International Ministry (HIM), and by submitting this application I am indicating that I meet the qualifications for membership as described on Page 1 of this application.

Initial (Select One): Agree Disagree

SECTION 2: PERSONAL INFORMATION

PERSONAL PROFILE

NAME:		BIRTHDAY:					
PREFERRED NAME:		GENDER:	Male	Female			
TITLE/MINISTRY POSITI	ON:						
PHONE:	EMAIL:						
SOCIAL MEDIA PROFILE	(s): Please provide any profile	information you'd like	e to share with	h us!			
FACEBOOK:	INSTAGRAM:	TWITT	TER:				
SPOUSE NAME:		BIRTHDAY: _					
PREFERRED NAME:		ANNIVERSARY: _					
TITLE/MINISTRY POSITI	ON:						
PHONE:	EMAIL:						
SOCIAL MEDIA PROFILE	(s): Please provide any profile	information you'd like	e to share with	h us!			
FACEBOOK:	INSTAGRAM:	TWIT1	TER:				
MAILING ADDRESS:							
STREET ADDRES	S:						
CITY:		STATE/PROVINCE:					
ZIP/POSTAL COD	DE: COUNTRY:						

MINISTRY BACKGROUND, SPIRITUAL GIFTS, AND ACKNOWLEDGEMENTS

Please provide a brief testimony of your salvation. If you need more space, choose one of the following to send us your full testimony: 1) Email your testimony to info@harvestim.org and indicate below that you have sent it via email; 2) Write on the back of this document (if using a printed application); 3) Enclose an additional document with your mailed application.

- Section 2: Personal Information (Continued) -

Have you been baptize	d in water?	Yes	No	
If no, please explain bel	ow.			
Have you been baptize		oirit? Yes	s No	
If yes, when and where?)			
What are your 1 Corintl	hierna 12 amiritus	nl sifts (Coloot s	21 با معمد معمد الم	
-	•			- £ 147: - d
Prophecy	-	Knowledge		of Wisdom
Healing	Power to	Perform Miracle	es Discern	ing of Spirits
Tongues	Interpret	ation of Tongues	Faith	
What is <u>your</u> primary E _l	phesians 4:11 s _i	oiritual function	(Select one)?	
Apostolic	Prophetic	Evangelism	Pastoral	Teacher
-	-	_		
What is your <u>spouse</u> 's ผ				
Apostolic	Prophetic	Evangelism	Pastoral	Teacher
ls there any disagreem	ent between yo	ou and your spo	use regarding your	individual callings
Yes No				
If yes, please explain.				

Have you gone through accredited or non-accredited Christian training?	Yes	No
If yes, through which institution? Please briefly describe the nature of the t	raining comp	oleted.
Have you been ordained? Yes No If yes, by which organization?		
Have you been commissioned? Yes No		
If yes, by whom? Into which office? Have you or your spouse ever been disciplined by a church or ministry, or leave a church for any reason?	r been asked	d to step down
Yes No		
If yes, please explain.		
Have you been convicted of a felony within the last seven years?	Yes	No
If yes, please explain:		

CURRENT MINISTRY ROLE & CORE VALUES

Are you and your spouse currently a part of a denomination or apostolic network?
Yes No
If yes, please list and give the leader's name and title.
If yes, do they support your HIM alignment? Yes No
Do you currently have an Apostle/Overseer to whom you are accountable? Yes No
If so, please list the name(s).
Does your ministry tithe regularly? Yes No If yes, to which ministries?
If you are an itinerant minister or founder of a Christian organization, do you attend church on a regular basis?
Yes No
If yes, Name of Church:
Senior Pastor's Name:
If no, please explain:

Does your min	istry embrace and move in the fullness of the fivefold ministry and supernatural realm?
Yes	No
If no, please ex	plain:
-	istry understand the role of an apostle, according to Ephesians 4:11, and is it prepared ive input, ministry, and help when needed?
Yes	No
If no, please ex	plain:
Leader as spec	nistry, as a member of HIM, promise to uphold the integrity of the office of Pastor or cified in the Scriptures (1 Tim. 3:1-13, Tit. 1-6-10, 1 Pet. 5:1-7), and to walk openly and in ding to 1 John 1:5-10, with the HIM Apostolic Team?
Yes	No
If no, please ex	plain.
Which of these	e describes what led you to apply for HIM membership (Select all that apply)?
	ersonal connection to Harvest International Ministry
•	piritual / Apostolic mentoring by the Presiding Apostle
	onnection with Apostolic Team
	esire for apostolic alignment
0	ther:

- Section 2: Personal Information (Continued) -

Are you and your spouse in agreement with your ministry joining HIM?	Yes	No	
If no, please explain:			
Name of HIM leader or member referring you:			

SECTION 3: MINISTRY INFORMATION

MINISTRY PROFILE

NAME:		DATE FOUNDED:	
PHONE:	EMAIL:		
MAILING ADDRESS:			
STREET ADDRESS:			
CITY:		STATE/PROVINCE:	
ZIP/POSTAL CODE:	COUNTRY: _		
SOCIAL MEDIA PROFILE(S):			
FACEBOOK:	_ INSTAGRAM:	TWITTER:	
WEBSITE URL:			
ANNUAL OPERATING BUDGET			
\$0-\$100,000			
\$100,000-\$500,000			
\$500,000-\$1,000,000			
Other - \$			

Please briefly describe your ministry. If you need more space, choose one of the following to send us your full testimony: 1) Email your testimony to info@harvestim.org and indicate below that you have sent it via email; 2) Write on the back of this document (if using a printed application); 3) Enclose an additional document with your mailed application.

s your ministry currently a part of a denomination / a	postolic affiliation:	Yes	No
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If yes, to which denomination or affiliation? Please provide a brief description of the nature your membership or affiliation.

MINISTRY TYPE:

Please choose all of the below that apply. If you have any questions about these options, please email our office: info@harvestim.org.

Local Church

Micro-Church/Satellite Church Network

Teaching & Training Center

Worship Ministry

Prophetic Ministry

Healing Rooms

Inner Healing Center

International Missions

Community Outreach

House of Prayer

Prayer Network

Apostolic Network

Discipleship & Equipping Ministry

Consulting/Life-Coaching

Itinerant Ministry

Of the options listed above, which is your ministry/organization's primary function?

DECION(S)	OF INFLUENCE:	
REGION(S)	OF INFLUENCE:	

Select all that apply; please include both your *physical location* and your *global ministry reach*.

Africa	Asia		
Northern Africa	Southeast Asia		
Central Africa	Central Asia		
Southern Africa	Northern Asia		
	Middle East		
The Americas	Oceania		
The Caribbean	Europe		
Central America	Western Europe		
North America	Eastern Europe		
South America	Eastern Europe		
Is your ministry registered in the country	where its principal office is located?	Yes	No
If yes, is your principal office located in th	ne USA?		
Yes, 501(c)(3) registration number.	:		
If you do not have a 501(c)(3)	registration number, please explain.		
No, it is in (please list country): _			

SECTION 4: REFERENCES

Please provide the names of two references in ministry who you are actively in relationship with, and have had a relationship with for at least three years. If possible, please include an HIM pastor or member as at least one of your references.

Name link on IIIM Deather	/Manufacture Court in	
Please list an HIM Pastor,	Member as your first reference, if possible.	
NAME:		
PHONE:	EMAIL:	
How long have you know	n this individual?:	
Please provide a brief de	scription of your relationship:	
REFERENCE #1		
Please list an HIM Pastor,	Member as your first reference, if possible.	
NAME:		

Please provide a brief description of your relationship:

HIM VISION STATEMENT:

Changing Lives, Transforming Cities & Discipling Nations.

HIM MISSION STATEMENT:

Harvest International Ministry is an apostolic network committed to bringing global revival and reformation.

HIM STATEMENT OF FAITH:

- · We believe in one true God, revealed in the Trinity of the Father, Son and Holy Spirit.
- We believe in the divinity of Jesus Christ, who as eternal God, came to earth, taking on flesh, and lived among His creation.
- We believe that Jesus Christ was born of the Virgin Mary, lived, was crucified, died, buried, and
 rose from the dead after three days and ascended into heaven where He now sits at the right
 hand of the Father.
- We believe the Bible is the only inspired, inerrant Word of God, and is useful for teaching, rebuking, correcting and training in righteousness, whose integrity has been preserved through the ages.
- We believe that a person can receive eternal life by accepting the Grace of Jesus Christ for the forgiveness of their sins through faith in Him and His perfect and final atonement on the cross.
- · We believe in the Final Judgment of believers and the lost and the bodily return of Jesus Christ.
- We believe in the Sacraments as directed by our Lord Jesus in the Scriptures: Water Baptism, as a public demonstration of faith in Jesus Christ, and Holy Communion.
- We believe in the Baptism in the Holy Spirit and the expression of all the gifts of the Spirit as valid
 and relevant for today as well as apostolic ministry, prophetic ministry, women in ministry, renewal in the Holy Spirit, and worldwide revival or awakening in the end times.

Statement of Faith and Alignment with Vision & Mission of HIM

I, o	n behalf of my	ministry/o	organization,	affirm th	e HIM	Statement	of Faith,	and am in	agreement	with
the	Mission State	ment and	Vision Statem	ent as se	t forth	on Page 13	of this a	pplication		

Yes No

If no, please explain.

Covenant Commitment

HIM requires three foundational commitments from every member:

- 1) That each member be apostolically aligned with the Presiding Apostle of HIM and the Apostolic Team.
- 2) That each member makes it a priority to attend the annual Global Summit Conference in Pasadena, CA.
- 3) That each member will align its mission ministry with HIM by allocating 5% of its mission funds on an annual basis to HIM in addition to the amount the member is led to contribute by the Holy Spirit and grace.

I, on behalf of my ministry/organization, agree to uphold the commitments as outlined above upon becoming a member of HIM.

Agree Disagree

Financial Partnership

HIM is an apostolic network committed to fulfilling the Great Commission. Your application confirms that you share that commitment. However, HIM is not only a network but a family on a mission together. Your application expresses a desire to become part of this family. We are grateful for you.

As you know, Ephesians 4 says the whole body grows as each member does its part. We agree. It's why we ask each member to do their part to help HIM fulfill the Great Commission by allocating 5% of its mission fund on an annual basis to HIM. We also recognize there is no limit, except the wisdom of the Lord, as to what family members do to love and support one another. As you consider how much to give in total on an annual basis, we ask that each member commit to financially supporting HIM to the best of their ability given their own circumstances but giving no less than \$550 annually. Thank you for faithfully partnering with us.

Upon prayerful consideration, on behalf of my ministry/organization, my faith promise to HIM is				
\$	on a: (Please indicate the frequency of your contribution below.)			
	Monthly Basis.			
	Yearly Basis.			
	Other:			

Information and Media Release

I hereby grant Harvest International Ministry (HIM), and/or HRock Church (HRC), or any contractor hired by HIM/HRC permission to utilize the headshot provided with this application, and photos or videos of my likeness or the likeness of my spouse captured or produced by HIM/HRC, contact information, and website content at any time and for any purpose determined by HIM for the duration of the relationship between HIM and myself or aligned ministry/organization.

Agree Disagree

HIM Brand Representation

I will download the HIM Press kit at harvestim.org/press-kit and also provided in the forthcoming Information Packet upon my membership acceptance within one month, and will publish the HIM logo provided in this press-kit on my ministry/organization website.

Agree Disagree

SECTION 6: MEMBERSHIP APPLICATION AFFIRMATION & SIGNATURE

STATEMENT OF AGREEMENT AND AFFIRMATION

SENIOD LEADED / FOUNDED / DIDECTOR

The undersigned officers of the Applicant ministry/organization hereby confirm that, on behalf of the Applicant's ministry/organization, they have read and agree to the Mission Statement, Vision Statement and Covenant Commitment set forth in this Application.

By signing this Application, I/we, on behalf of my ministry/organization, have indicated our desire for our ministry/organization to become a part of the HIM network.

I/We also understand and affirm that this membership, if approved, has a one-year probationary period wherein an HIM representative may visit our church and/or ministry to determine the ongoing status of membership.

I/We affirm that as a member of HIM, the ministry will, on an annual basis, allocate 5% of its mission fund to HIM to help HIM advance the Great Commission and will give according to how the Holy Spirit leads to support the HIM family.

SENIOR LEADER / FOUNDER / DIRECTOR		
SIGNATURE:	DATE:	
PRINTED NAME:		
TITLE/MINISTRY POSITION:		
ASSOCIATE LEADER SIGNATURE (IF DESIRED):		
SIGNATURE:	DATE:	
PRINTED NAME:		
TITLE/MINISTRY POSITION:		

SECTION 7: COMPLETE FINAL CHECKLIST & SUBMIT APPLICATION

FINAL CHECKLIST

I have read the HIM Statement of Faith, Mission Statement, Vision Statement, and Covenant Commitment as set forth within this application.

I have read and agree to all Covenant Commitments and Membership Tenets as set forth within this application.

I have paid the \$250 non-refundable application fee online, or enclosed a check with this application.

I have submitted a high-resolution headshot of me and my spouse (if married) that is not blurry and is at least 1200×1200 pixels by attaching it to this application, or emailed it to info@harvestim.org.

I have read the HIM Brand Representation expectations as described within this application and agree to download the Media Kit and publish the HIM logo on my ministry/organization website. For more information about this expectation, visit our Press Kit page (harvestim. org/ press-kit). If you are unable to do so, please email us for help or for alternative solutions: info@harvestim.org.

THANK YOU FOR COMPLETING THIS APPLICATION!

In order to submit this PDF application, please choose one of the following two submission methods:

1 – Print and mail your application with your \$250 non-refundable deposit to our office:

Harvest International Ministry 2555 East Colorado Blvd. Suite 400 Pasadena, CA 9110

2 – Scan (if handwritten) and email your full application to our office:

info@harvestim.org

Blessings,

- The HIM Team