

APOSTOLIC INTERNATIONAL MINISTRIES

Minister Application

Applicant Full Name	
Mailing Address	
City, State, Zip	
	Email Address
Birth Date/	
Church Address	
	Birth Date/
Number of Children	

1. Ministerial Status:
Full Time Part Time Number Of Years Of Ministerial Experience?
2. License Applied For:
a. Ordination \$300 per year. Requirement for Ordination; Have ten years of ministry or hold the office of a pastor, have read the Bible through, have read the AIM Ordained Minister reading list.
b. General \$200 per year. Requirement for General; Have five years of ministry, have read the Bible through, have read the AIM General Minister reading list.
c. Local \$100 per year. Requirement for Local; have read the Bible through, have read the AIM Local Minister reading list.
d. Ladies Certificate \$100 per year. Requirement for Ladies Certificate; have read the Bible through, have read the AIM Ladies Certificate reading list.
e. World Missionary Requirement for World Missionary; as outlined in the World Missions By-Laws.
3. Present Position In The Ministry
4. Have You Or Your Spouse Ever Been Divorced? If So, Please Attach A Letter With The Details
5. Are You Living In Common Law With A Person To Whom You Are Not Legally Married?
6. Have You Ever Been Dropped Or Left "Under Question" From An Apostolic Ministers Group? If So, Please Attach A Letter With The Details.

7. Have You Ever Been Convicted of, Pled Guilty To, Child Abuse Or A Crime Against A Child Involving Actual Or Attempted Sexual Molestation?
8. Are You A Member Of The Masonic Lodge Or Secret Society Where Members Are Bound By An Oath?
9. Are You A Registered Sex Offender?
10. Do You Engage In Any Of The Following?
A. Alcohol Consumption?
B. Use Of Tobacco?
C. Non Prescription Drug Use?
D. Pornography?
11. Do You Believe The Second Coming Of Jesus Has Already Occurred (The Rapture) And We Are Currently Living In The Millennium?
12. Do You Believe That Satan Is Bound Right Now?
13. Do You Believe And Preach The Following Essential Doctrines?
A. The Oneness Of God ?
B. It Is Essential to Repent, Be Baptized In Jesus Name, And Receive The Infilling Of The Holy Ghost With The Evidence Of Speaking In Other Tongues In Order To Be Born Again?
C. Holiness In Lifestyle And Separation From The World?
14. Were You Immersed In Water In The Name Of Jesus Christ For The Remission Of Sins?
15. Did You Receive The Holy Ghost With The Evidence Of Speaking In Other Tongues?
16. Do You Believe In The Eternal Punishment For The Unsaved Dead?
17. Do You Believe That Jesus Was Fully God And Fully Man, The Man Being The Son Of Mary?
18. Do You Believe That Homosexuality Is A Sin?
19. Do You Believe That A Marriage Is Defined As One Man and Woman?

21. Please Describe Briefly Why You Desire Membership In A.I.M
22. If You Are Not Under A Pastor's Direct Ministry, You Must Have A Three Person Accountability Group, One Of Which Must Be A License AIM Minister. Please List Name, Address, Cell Number and Email Address For Each:
1. 2.
3
23. Your Pastor's Name and Cell Phone Number
Pastor's Signed Approval:
Pastor's Signature
Printed Pastor's Name
25. Do You Currently Hold Ministerial License With Any Other Fellowship or Organization?
If So Please List
Applicant's Signature
Date/ Printed Name
Please Submit To Your District Superintend

Please Do Not Write Below This Line - AIM District Use Only
Name Of District
Approved By:
1
2
3
4
5
6
License Approved For
Date Of Approval/
Amount Received \$
Please Send Original To: Rev. Mark Frisbie 538 Goodview Dr Central City Ky, 42330

Please Email Copy or Photo To: frisbie7611@gmail.com

Phone Number: <u>618-910-2456</u>



BENEVOLENT FUND

The AIM Benevolent Fund was created to provide short-term assistance to our members in the event of loss of life. At the time of loss of life, AIM will issue your beneficiary a onetime love offering of \$5000. In the untimely event that your spouse has died, you will receive a onetime love offering of \$2500. AIM will take \$25 out of your yearly ministerial dues. Even if you refuse to participate in the Benevolent Fund Program, your dues payment will not change. You may opt out of receiving the onetime loving offering by indicating below.

[] YES! I wish to participate in the AIM Benevolent Fund Program
[] NO! I do not wish to participate in the AIM Benevolent Program
Signature
Beneficiary Name
Address
Phone Number
Email Address