

Thank you for your interest regarding membership in KIF!

KIF offers ministerial covering, licensure and ordination to pastors and ministries leaders. All membership applications are reviewed by KIF’s Board of Directors for approval.  In addition, those seeking licensure and ordination follow a licensing/ordination process overseen by our Apostle.  When your application for licensure or ordination credentials is approved, you are automatically a member.

KIF also offers membership only status to those who currently hold credentials with another organization but wish to be associated with KIF.

A nonrefundable application fee of $50.00 is required to process any application.  The fees for membership, licensure or ordination must also accompany the application.

Fees are as follows:

* Membership: $100
* Licensure: $100
* Ordination: $150
* Spouse: $50

Note: Annual renewal fee is $100 for each member ($50 for spouses).

Download the application below, complete it and return to KIF (along with all applicable fees)

Mail

Keystone International Fellowship

235 W. Brandon Blvd.

#117

Brandon FL 33511

(make check payable to Keystone International Fellowship)

Electronic

Application: keyintf@gmail.com

Fees: $Keysint (Cash App) or [keyintf@gmail.com](mailto:keyintf@gmail.com) (PayPal)

If you have any questions, please email [keyintf@gmail.com](mailto:keyintf@gmail.com) or call 813-495-4375

We look forward to being in community with you!

Roy Hayes

Pastor Roy Hayes, President and Founder  
KEYSTONE INTERNATIONAL FELLOWSHIP

**KEYSTONE INTERNATIONAL FELLOWSHIP APPLICATION**

1. Attach a CURRENT PHOTO, (head and shoulders only).  
   If you and your spouse are both applying, two separate applications must be completed, and individual photographs attached.
2. Please attach membership fees to this form, along with a $50.00 NON-REFUNDABLE application fee. (Application will not be processed without membership fees). You may also send fees and application(s) electronically.
3. Please TYPE or PRINT CLEARLY. If the question does not apply, type N/A.
4. I am applying for: (Check one)

q Ordination $150.00

q Ministerial Licensing $100.00

q Membership Only $100.00

\*Application only valid for 3 months from date sent.

**A. PERSONAL DATA**

Last Name, First Name (Preferred First Name) Middle Name/Maiden Name

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Address City, State, Zip, Country

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Phone Number

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Personal E-Mail Address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Citizenship (If not American, please Month/Day/Year provide documentation).

Social Security Number Gender

MARITAL STATUS q Married q Engaged\* q Single q Widowed q Separated\*\* q Divorced\*\*  
\*Confirm in writing when married.  
\*\*If separated or divorced, provide thorough and complete details on separate sheet including date of divorce or separation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Spouse or Fiancé́ Name

Date of Birth **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Marriage Date, present or proposed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is your spouse or fiancé́ saved? Yes, q No q

Are you and your spouse or fiancé́ willing to submit to the leadership of Keystone International?

Does your spouse or fiancé́ support your call and ministry? If not, explain on a separate sheet.

**Ministry Information**

Ministry/Church Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address City, State Zip Country

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Phone Number

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Office E-Mail Address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Website

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To which address do you prefer mail to be sent? q Home q Office

**B. CHURCH ATTENDANCE AND REFERENCES**

List the name of the church you currently pastor or attend.

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Senior Pastor (Name, Phone Number, Email Address)

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Mailing Address (City, State, Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you pastored or attended this church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If less than one year, state the reason, and list the name of the last church you attended, including the pastor’s name, address, and phone number, how long you attended, and the reason for leaving.

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If you are NOT currently involved in your local church, please BRIEFLY explain on a separate sheet.

Have you ever been involved in a church split? q Yes q No If yes, when did it take place, and how were you involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**C. CHARACTER REFERENCE**

(Someone other than a relative **who has known you well for three years or more. This reference must be in addition to the recommendation forms included in this application.)**

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**D. YOUR MINISTRY**

Do you have a definite call of God on your life to enter/continue ministry? q Yes q No If yes, BRIEFLY explain when, how, and why you know you are called of God.

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Are you now in full-time ministry? q Yes q No If no, please BRIEFLY explain on a separate sheet.

Are you currently bi-vocational? q Yes q No

In what field of ministry are you currently involved?  
q Pastor q Asst. Pastor q Missionary (residing on foreign soil) q Youth q Music Ministry q Helps q Itinerant\* q Missionary (residing in your home country) q Children’s Pastor q Chaplain

\* If you are an ITINERANT, in which area do you specialize? q Evangelism q Music q Children q Youth  
\* If you are in the ministry of HELPS, do you teach/preach on a regular basis? q Yes q No

If you are a pastor, what is the average attendance of your primary service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or have you ever been Licensed or Ordained? If so, state the Denomination/Organization and date credentialed. Please enclose a copy of the credentials if they are current.

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If you are leaving or have left this Denomination/Organization, please explain why.

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Do you agree with the KEYSTONE INTERNATIONAL FELLOWSHIP Statement of Faith? q Yes q No

If you disagree with any point, please explain on a separate sheet.

Why do you want to join KEYSTONE INTERNATIONAL FELLOWSHIP and how can KEYSTONE INTERNATIONAL FELLOWSHIP help you in your ministry? Explain (use separate sheet if needed). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about KEYSTONE INTERNATIONAL FELLOWSHIP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously submitted an application to KEYSTONE INTERNATIONAL FELLOWSHIP? q Yes q No

If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. YOUR SPIRITUAL LIFE**

Date you were saved. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you were baptized by immersion. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRIEFLY relate your conversion experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain your stand on the message of faith. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever used illegal drugs? q Yes q No

If so, when did you last use them? (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have answered yes to any of the above questions and use has occurred within the past year, please give an explanation including dates and details on a separate sheet.

I understand that if KEYSTONE INTERNATIONAL FELLOWSHIP is notified that I have violated the above-stated policy, it will be grounds for immediate dismissal.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? q Yes q No

Have you ever been accused, questioned, or investigated for child abuse, neglect or molestation? q Yes q No

Have you ever been accused, questioned, or investigated for spousal abuse? q Yes q No

Have you ever been involved in homosexual activities? q Yes q No

Have you ever been involved in an extramarital relationship/affair? q Yes q No

If you have answered yes to any of the above questions, please explain on a separate sheet.

It is a requirement of KEYSTONE INTERNATIONAL FELLOWSHIP for all churches, ministries, members and organizations to conduct thorough Federal background searches on all employees and/or volunteers who work in the children and youth departments. The investigations should cover anyone having access to children whether it is at a camp, field trip, Sunday school, nursery, etc. Failure to conduct background searches will be cause for cancellation of ordination and/or license credentials.

**F. YOUR VISION**

In an effort to understand your vision concerning your ministry, please attach a brief description (please type).

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| --- |
| **G. EDUCATIONAL HISTORY**  Circle highest level attained 1 2 3 4 5 6 7 8 9 10 11 12 GED  Vocational/Technical 1 2  College 1 2 3 4  Master’s  Specialist  Doctorate  Bible School/Seminary  List all higher educational institutions attended, and degree earned, including Bible School.  NAME & ADDRESS OF SCHOOL DATES MAJOR DIPLOMA or DEGREE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **H. STATEMENT OF TRUTH**  I understand that all items submitted to KEYSTONE INTERNATIONAL FELLOWSHIP as part of the application process become the permanent property of KEYSTONE INTERNATIONAL FELLOWSHIP and will not be returned.  I acknowledge that I agree with the Tenets of Faith and Ministerial Ethics set forth by the Association of Faith Churches and Ministers.  I hereby state my willingness to submit to the spiritual authority and guidelines of KEYSTONE INTERNATIONAL  FELLOWSHIP. If at any time I feel I can no longer agree with the beliefs and practices of this organization, or if it is requested by those in authority for any reason, I will forfeit and return my ministerial credentials (certificate and wallet card) to KEYSTONE INTERNATIONAL FELLOWSHIP.  I understand KEYSTONE INTERNATIONAL FELLOWSHIP gives an update on all members annually. This includes not only active members, but also those whose membership has “Lapsed” due to non-renewal, those who have “Withdrawn” and those who may have been “Dismissed” during the course of the year. I understand that if my membership lapses, or if I withdraw from or am dismissed from KEYSTONE INTERNATIONAL FELLOWSHIP, my name will appear in the appropriate category in the next KEYSTONE INTERNATIONAL FELLOWSHIP Directory.  I understand this application will be held in confidence. Only those persons with a need to know will review it. I grant KEYSTONE INTERNATIONAL FELLOWSHIP and its leadership permission to verify information on this application to include criminal background and credit history.  I hereby state that all the information contained on this application is correct and true. If KEYSTONE INTERNATIONAL FELLOWSHIP is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  ***IMPORTANT: Please review your application before mailing. Incomplete applications will be returned to you for completion.*** |
| APPLICATION CHECKLIST Personal Recommendation Sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ministerial Recommendation Sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  qApplication Completed qApplication Fee and Dues Enclosed qVision Essay Enclosed qPhotograph attached qApplication Signed in **Both** places |
|  |
|  |