## **Application To Join**

## Fellowship of Fundamental Bible Churches

	Name		
Address			
Home Phone ()_	Work Phone ()	Cell Phone ()	
E-Mail	Date	of Birth	_
Wife's Name	Wife's Date of Birth		
Children's Names and	Ages:		
Education			
	Name of School	Year Graduated	Major
High School			
Bible Institute			
College			
Graduate School			
Would you be willing t	onvicted of a criminal offense? Yes N to meet with our Committee for an inter- tly hold your church membership? (Pleas	view? Yes No	r and address)

List the last three ministries with which you have served, beginning with the most recent:		
Have you been ordained? Yes No By Whom?	When?	
List three references with address and phone number:		
Cive your calvation testimony.		
Give your salvation testimony:		
Give a statement concerning your call to the ministry:		

Give your definition of what a Fundamentalist is:
Has there ever been a time when you have been Scripturally disqualified from ministry? Yes No
Are you in agreement with the doctrinal statement of the FFBC? Yes No
Are you in agreement with the Biblical Positions of the FFBC? Yes No
Please enclose a recent photo of yourself and your family.
Mail completed application to:
Pastor John Mark Turner 979 Whig Lane Monroeville, NJ 08343