

Fellowship of Ministries Application
677 South Dickinson Dr.
Rusk, Texas 75785

Name of Minister _____
First Middle Last

Name of Spouse _____
First Middle Last

Name of Ministry _____

Type of Ministry _____

Short Paragraph explaining vision and purpose of
Ministry _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____ Website _____

Are you a minister? ___yes ___no ___Licensed ___Ordained

Organization _____

How many years ? _____ years

Nature of your acquaintance with River of Life Christian Center

(Employer, pastor, family, friend, etc.)

Have you read and agree with the Tenets of Faith of River of Life
Christian Center? _____yes _____no

Are you applying for membership for you individually or your
ministry? _____

Do you need 501-3c status? _____ If yes, please fill out
Ministry membership application.

Do you need personal ministerial license? _____ ordination? _____
If yes, please fill out license/ordination application.

Sign: _____ Date: _____

Submit with \$50.00 application fee renewable every year to:
River of Life Christian Center 677 South Dickinson Dr. Rusk, Texas 75785