Apostolic Ministry Fellowship, Inc
Covenant of Application

Date: _____

Applicant Full Name _____

Mailing Address _____

City, State, Zip _____

Cell Phone _____ Email Address _____

Birth Date ____/____/____ Marital Status_____ Today's Date____/____/____

Name Of Church You Attend_____

Church Address _____

Spouse Name_____ Birth Date ____/____/____ Number of Children _____

1. Present Ministerial

Status: Full Time _____ Part Time _____ Number Of Years Of Ministerial Experience?_____

2. CREDENTIAL MINISTRY COVENANTS:

Covenant of Ordination _____ $160 per Year /$45 per Quarter / $550 Lifetime
Covenant of Standard-Bearer _____ $140 per Year / $40 per Quarter / $450 Lifetime
Covenant of Apprenticeship _____ $100 per Year / $30 Quarter
Covenant of Deacon _____ $120 per Year / $35 Quarter / $400 Lifetime
Covenant of Elder _____ $140 per Year / $40 Quarter / $450 Lifetime
Covenant of Bishop _____ $160 per Year / $45 Quarter / $450 Lifetime
Covenant of Prophet _____ $160 per Year / $45 Quarter / $550 Lifetime
Covenant of Evangelist _____ $120 per Year / $35 Quarter / $450 Lifetime
Covenant of Pastor _____ $160 per Year / $45 Quarter / $450 Lifetime
Covenant of Teacher _____ $140 per Year / $40 Quarter / $475 Lifetime

3. Write or Type a 700 word essay on the following:

A. Personal Conversion / Call of God To Ministry.
C. Steps that were taken to Fulfill that Chosen Calling / Why are you Applying for this License?
D. Marriage (How you met, fell in love, courtship, & marriage) / Family (Tell of children, ages, and the Lord is in their lives)
E. Favorite Chapter / Favorite Verse / Favorite Character in the Word of God

Applicant's Signature _____ Date ____/____/____

Printed Name _____

Please Submit To: Apostolic Ministry Fellowship, Inc. PO Box 342622 Bartlett, TN 38138 /
All fees and Family Picture Included / Upload to: fellowshipamfinc@gmail.com

********** Please Do Not Write Below This Line **********

AMF District [State] Name _____
Approved By:

1._____ 2._____

License Approved For _____ Date Of Approval ____/____/____

Amount Received $_____