



Christian International of Canada

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"Providing preparation and a place for prophets and prophetic ministry"

Restricted Membership Application

Date: _____

Name: (Last) _____ (First) _____ (Middle) _____

Phone: (Home) () _____ (Cell) () _____

Email: _____ (Fax) () _____

Address: _____

City: _____ Prov. _____ P. Code: _____ Country _____

Birth Date: _____ Age: _____ Age of Salvation: _____ Age received baptism of Holy Spirit: _____

Please circle the level of commitment you are applying for: **ORDINATION or LICENSURE**

Spouse's Name: (First) _____ (Middle) _____

Birth Date: _____ Age: _____ Age of Salvation: _____ Age received baptism of Holy Spirit: _____

Family Information:

Marital Status: () Single () Married - Date Married: _____

Marital History: () Widowed - Date: _____ () Divorced - Date _____

Members of Your Household:

Name	Relationship	Age	Present Status with the Lord
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_____	_____	_____	_____
_____	_____	_____	_____

(if additional space is needed - attach separate sheet)

Educational Information:

High School (check grade completed) ___9 ___10 ___11 ___12 ___Graduated ___GED

College (Secular or Bible) and Location _____

____ Years attended or Degree _____

Church/Ministry Information:

Name of Your Ministry: _____

How long in this Ministry? _____ Church Members? ___Yes ___No

Your Home Church: _____ Phone: _____

Address: _____

City: _____ Prov: _____ P. Code: _____ Country: _____

Pastor's Name: _____ Phone: () _____

Your Ministry Position: _____ How long in this Church? _____

Do you currently hold a license with Vital Stats to perform marriages in your Province? ___Yes ___No

Ministry Information:

Age called to Ministry: _____ Years active in the Ministry: _____

Briefly describe your call to Ministry: _____

To which of the five-fold ascension gift ministries do you believe you are called? (Eph. 4:11-12)

_____Apostle _____Prophet _____Evangelist _____Pastor _____Teacher _____Not sure yet

Has this been confirmed? ___No ___Yes # of times _____ How and by whom? _____

What is your present ministerial function? _____

What is your major ministry burden (vision, message) now? _____

Why are you applying for membership ordination with CI Canada? _____

Reference Information:

What current member of CI Canada recommended you for membership in CI Canada? _____

Please list any fellowship, denominational or ministerial association affiliations you currently hold:

Licensed with _____ Date: _____

Ordained with _____ Date: _____

Other relationship with _____ Date: _____

Have you ever been disciplined or expelled by a church, denomination or other governing body? ___Yes ___No

If yes, what was the reason for discipline? (Attach paper if necessary)

Were you counseled in regard to the above? _____No _____Yes

If yes, by whom? Name _____ Phone () _____

Address: _____

City: _____ Prov: _____ P.C. _____

1. If you are a **member of a local church**, we must have a **reference letter** from **your Senior Pastor**.

Name_____

2. **List three ministers** who would give an honest evaluation and commendation of you and your ministry:

1. Name:_____

Address:_____

City: _____Prov:_____P.C._____Phone: ()_____

Position:_____Relationship to you:_____

2. Name:_____

Address:_____

City:_____Prov:_____P.C._____Phone: ()_____

Position:_____Relationship to you:_____

3. Name:_____

Address:_____

City:_____Prov:_____P.C._____Phone: ()_____

Position:_____Relationship to you:_____

3. **List another person** (preferably a minister) with whom you have had a close relationship in personal, family or ministry dealings you feel would give the most critical evaluation of your life and ministry.

Name:_____

Address:_____

City:_____Prov:_____P.C._____Phone: ()_____

Position:_____Relationship to you:_____

Do you presently have a senior minister with whom you have a committed, confessional, counseling and fatherly covering relationship? ____No ____Yes, Who? _____

Agreement and Signature:

Are you in agreement with all the ministerial guidelines, vision, purpose, commitment requirements and membership benefits of the CI Canada? ____No ____Yes

Did you read the attached CI Canada "Covering Confessional Covenant" and do you personally agree with and consent to abide by the CI Canada "Covering Confessional Covenant"? ____No ____Yes

Applicant Signature_____Date_____

SPOUSE'S SECTION
(The following must be completed by the applicant's Spouse)

The following must be completed by the applicant's Spouse.

Name: _____ Birth Date _____ Age _____

List any additional spiritual experiences _____

Occupation _____

Present spiritual ministry function _____

Are you, as a help mate of this applicant, in full agreement with his/her call, conviction and commission as related in this application? _____ Yes _____ No

Do you have a personal call of God to be a full-time minister? _____ Yes _____ No

Do you desire ordination? _____ Yes _____ No

Do you desire licensing? _____ Yes _____ No

Are you willing to be ordained/licensed with your mate as co-laborers in this ministry? _____ Yes _____ No

If no, please explain: _____

What will be your main ministry role as you labor together with your mate?

Do you have any concerns about the two of you being ordained/licensed together?

Did you read the CI Canada "Covering Confessional Covenant" and do you agree to fully abide by it?

____ Yes ____ No

(Use additional paper if necessary)

Spouse Signature _____ Date _____

****Spousal Ordination:** Christian International believes very strongly in the concept of team ministry. The primary model for team ministry is that of the Christian home and marriage. Both members of the marriage team offer strengths, gifts, talents, abilities, etc...in a sacrificial way to insure success to the effort. In much the same way, we feel that God calls a couple into the ministry. Only one member may have been called, anointed and appointed by God, but the spouse must agree and join in the work of that ministry to succeed. For that reason, our policy is not to ordain one marriage partner unless the other partner is willing to be ordained with them.