



Integrity Leadership Ministries

Member Profile

PERSONAL INFORMATION

Please send mail to: Home Office E-mail (Please check one)

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

Preferred Name _____ (Date of Birth) _____

Title _____

Spouse's Name _____ Anniversary Date _____

Children's Name(s) _____

Home Address _____

City _____ State _____ Zip _____

E-mail Address _____

Home Phone () _____ Home Fax () _____

Credentials are held with _____ Date of Ordination _____

Fellowship/Denominational membership with _____

CHURCH INFORMATION

Church Name _____

Position Held _____ Held Since _____

Location Address _____

City _____ State _____ Zip _____

Secretary's Name _____ Administrators Name _____

Church/Office Phone () _____ Fax () _____

Church Membership Total _____ Seating Capacity _____ Ministry Staff Size _____

FOR PARA-CHURCH TRAVELING MINISTRIES – MEMBERSHIP PROFILE

Ministry Name _____

Your Position _____ Held Since _____

Ministry Address _____

City _____ State _____ Zip _____

Office Phone () _____ Fax () _____

Your Home Church _____

Address _____

City _____ State _____ Zip _____

Briefly describe ministry purpose: _____
