



APPLICATION FOR MEMBERSHIP

Gateway Ministerial Network

50 Blunston Lane York, PA 17406 / 717-252-4148 / Fax: 717-252-2867
Email: GMN@GatewayChurchYork.com / www.GatewayChurchYork.com/GMN

Gateway Ministerial Network

MEMBERSHIP REQUIREMENTS

This document provides the requirements that must be fulfilled in order for a minister to be considered for membership approval in Gateway Ministerial Network (GMN). As our name states, we are a network, and not a denomination. These requirements are set forth for the purpose of upholding the standards and integrity of GMN.

GMN has three areas of Membership:

General Membership – Available to a minister that currently holds ordination credentials with another organization or denomination and is applying for membership to come under the covering of GMN. \$75.00 annual fee.

License Membership – Available to a minister who is in ministry and whose ministerial calling and gifts are formally recognized by the Gateway Ministerial Network. \$100.00 one-time licensing fee, plus \$75.00 annual fee.

Ordination Membership – Available to a minister who is currently in ministry, has not received his/her credentials, and desires to apply for ordination through the Gateway Ministerial Network. \$100.00 one-time ordination fee, plus \$75.00 annual fee.

Membership Requirements:

- Completed and signed application
 - Passport-sized photo of applicant
 - Provide the following recommendations:
 1. **Ministry Recommendation***: To be completed by your pastor or a credentialed minister who has known you for three or more years.
 2. **Personal Recommendation***: To be completed by a friend or acquaintance who has known you for three or more years.
 - Signed Statements of Ethical Conduct, Truth & Agreement
 - Ministry Statement
 - Copy of current Ordination or License Certificate, if applicable
 - Applicable Payment, as outlined above
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GMN Approval Process:

- The applicant is responsible for making sure that all components of his/her application arrive at the GMN office in a timely manner.
- Review of the application will not begin until all components of the application are received by the GMN office.
- After the GMN office receives all components of the application, please allow 4-6 weeks for completion of the review process.
- If approved, membership credentials and paperwork will be forwarded to you. If denied, you will be notified in writing of this decision and any payment received will be refunded to you.

PLEASE TYPE or PRINT CLEARLY. If a question does not apply, type or print "N/A".

PERSONAL DATA

Title _____ Name _____
(first) (middle) (last)

Apt _____

Present Address

City _____ State _____ Zip _____

(____)____ - _____ (____)____ - _____ (____)____ - _____

Home Phone

Cell Phone

Fax

E-mail Address

Gender: Male/Female

Date of Birth: _____ / _____ / _____

U.S. Citizen: Yes/No If no, Country of Citizenship: _____

(If permanent resident alien, please enclose copy of green card.)

Marital Status: Single/Married*/Separated

*Anniversary: _____ / _____ / _____

Please email (GMN@GatewayChurchYork.com) each of the following:

●Applicant Photo

●Applicant & Spouse Photo

All photos should be of high quality, as they will be reproduced for GMN publications. The preferred format of your pictures is digital although if unavailable we request a high quality standard picture no larger than 5X7, as it will be scanned for GMN use. Digital pictures can be taken at Gateway Church if requested.

SPOUSE/FIANCÉ DATA (IF APPLICABLE)

Name _____ (first) (middle) (last)

Date of Birth: _____ / _____ / _____

Date of marriage: _____ / _____ / _____

Is your spouse or fiancé saved? Yes/No

Is your spouse or fiancé filled with the Holy Spirit with the evidence of speaking in tongues? Yes/No

Is your spouse or fiancé in full support of your call to ministry? Yes/No

If no, why _____

EDUCATIONAL HISTORY

(Circle highest level attained)

1 2 3 4 5 6 7 8 9 10 11 12 GED Vocational/Technical 1 2

College: 1 2 3 4 Bible School Associate Bachelor Master's Specialist Doctorate

List all higher educational institutions attended and degree earned.

Name of School _____ Dates _____ Major _____ Diploma/Degree _____

I am applying for (check one): **General Membership**_____ **License**_____ **Ordination**_____

MINISTRY INVOLVEMENT

Are you currently involved in full time ministry? Yes/No If yes, how many years? _____

Current Ministry Position: ___ Sr. Pastor ___ Assoc. Pastor ___ Youth ___ Children ___ Music ___ Other

If Other, please provide detail: _____

Are you presently or have you ever been licensed or ordained? Yes/No
If so, please list the denomination/organization and date credentialed. *(Please attach a copy of credentials)*

If you are leaving or have left this denomination/organization, please explain why:

CHURCH AFFILIATION

List the name of the church which you currently pastor or attend.

Name of Church Senior Pastor Phone (_____) - _____

Street Address

City State Zip

How many members attend the church? _____ Service Times?: _____

How long have you pastored or attended this church? _____

If less than one year, list the name of the church you formerly attended, including pastor's name, address and phone number. Also, list how long you attended and your reason for leaving.

Have you previously submitted an application to GMN (formerly known as NWMN)? Yes/No

If so, when? _____

What ministry gift(s) are you functioning in at this time:

Apostle ___ Prophet ___ Evangelist ___ Pastor ___
Teacher ___ Helps ___ Governments ___ Music ___

Explain why you desire credentials from GMN:

Explain your call to the ministry; When, where and what was your response to His call on your life?

Where there circumstances you had to overcome in obeying the call? What did you do to overcome them?

Where do you tithe and can it be substantiated? _____

Have you ever been arrested? _____ If yes, what for? _____

Has any legal action been brought against you or your ministry and why? ___Yes ___No

If yes, why: _____

Please complete one of the following three sections.

Senior Pastors of a church - Section A

Itinerant ministers, military, prison and institutional chaplains - Section B

All other applicants such as church support ministers - Section C

A. Senior Pastor

1. How long have you been the senior pastor of this church? _____ years _____ months

2. Does the church have a functioning board or leadership team? _____ yes _____ no

If yes, what is the function of the board or leadership team: _____

3. Who serves on the board and what positions do they hold?

Name

Title

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Are any of the above related to you? _____ yes _____ no
If so, please indicate relationship to you on lines above.

5. Would you be open to the leaders of GMN meeting with the church board before we approve your application? _____ yes _____ no

6. Has there been a financial audit of the church in the last two years? _____ yes _____ no

B. Itinerant Ministers, Military, Prison and Institutional Chaplains.

1. How long have you been the leader of this ministry? _____ years _____ months

2. What is the purpose or mission statement of this ministry? _____

3. Does the ministry have a functioning board or leadership team? _____ yes _____ no

If yes, what is the function of the board? _____

4. How many times a year does the board meet to perform business? _____

5. Who serves on the board and what positions do they hold?

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

6. Are any of the above related to you? _____ yes _____ no
If so, please indicate relationship to you on lines above.

7. Would you be open to the leaders of GMN contacting your board before we approve your application?
_____ yes _____ no

8. Has there been a financial audit of the ministry in the last two years?
_____ yes _____ no

9. On average, how many ministry services do you conduct each year? _____

10. In what part of the U.S. or the world does most of you ministry take place? _____

C. All other applicants such as Church Support Ministers.

1. What position do you now hold in your church and for how long?

_____ Associate/Assistant Pastor

_____ Youth Minister

_____ Music Minister

_____ Teacher

_____ Children's Minister

_____ Other (explain below)

Other: _____

2. For what purpose would credentials be necessary?

3. At the present time, to whom are you accountable in ministry?

Organization Name: _____

Address: _____

State: _____ ZIP: _____ Country: _____

Phone: _____ E-mail: _____

YOUR SPIRITUAL PILGRIMAGE

Date you were saved: ____/____/____ Were you raised in a Christian home? Yes/No

Date you were baptized by immersion: ____/____/____

Date you were baptized with the Holy Spirit with evidence of speaking in tongues: ____/____/____

Understanding that a minister of the Gospel must maintain the highest moral and ethical standards, do you feel there is any area of your personal life that would hinder your ministry at this time?

Yes/No If yes, please explain: _____

Do you currently use tobacco, alcohol or illegal drugs? Yes/No
If so, please explain on a separate sheet.

Are you familiar with the ministry of Pastor Barry Ryan? Yes/No

Have you read any of his books or listened to his CDs? Yes/No

STATEMENT OF TRUTH

I understand that all items submitted to GMN as part of the application process become the permanent property of GMN and will not be returned.

This application will be held in confidence. Only those persons with a need to know will review it. I grant GMN and its leadership permission to verify the information provided on this application and all membership requirements.

I hereby state that all the information contained on this application and all correspondence with GMN is correct and true. If GMN is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation of membership.

STATEMENT OF AGREEMENT

I have read and accept the responsibilities and requirements of the Gateway Ministerial Network. I stand in agreement with the Tenets of Faith included with this application. I am submitting myself and my ministry to the counsel of the GMN Leadership.

Printed Name

Signature

Date



STATEMENT OF ETHICAL CONDUCT

Members of the Gateway Ministerial Network are expected to demonstrate Biblical and ethical standards in their personal and professional lives. Toward this end, it is mandatory that members of the Network agree to be held accountable and to pursue a life of holiness as outlined below:

- *Live a life in the Holy Spirit and the requirements of the Scriptures regarding ethics, integrity and moral purity.*
- *Maintain a life of sexual integrity.*
- *Live a life of marital fidelity as outlined in the Scriptures.*
- *Walk in integrity and model financial accountability in ministry and personal affairs.*
- *In every area of life, abstain from anything that might be improper or give the suggestion of impropriety, so as to remain above reproach and not cause the brethren to stumble.*

Membership in GMN will be withheld from applicants or revoked from members failing to exhibit these characteristics and/or who are modeling a lifestyle outside of these guidelines.

Printed Name

Signature

Date



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