

FELLOWSHIP of BAPTIST WORLD MINISTRIES

Application For Membership

Dr. Phil Roberts, President

Our Purpose: This fellowship is a network of creative ministries strategically assisting Southern Baptist Churches in reaching the nations for Jesus Christ

Our Membership: *As stated in the FBWM bylaws:* The membership shall be composed of formally constituted world mission organizations, evangelistic associations, churches, associations, conventions, and seminaries; with a significant international ministry and whose elected leadership are members in good standing of local Southern Baptist Churches and whose dues are paid by November 1 for the following year. The annual dues are \$100.

To join the FBWM, please complete the application for membership. At this time, the easy way to complete the application is download it, print it out and write your responses. You can scan the application as a pdf file or take a picture of the pages and then email them to FBWMinistries@gmail.com. The FBWM leadership team will review the application and inform you within a few days if your ministry is approved as a member.

Date ___/___/___

Ministry Information:

Contact Name: _____
Ministry Name: _____
Address: _____
City: _____ ST _____ Zip Code _____
Phone Numbers: Mobil _____ Office _____
Email: _____
Web Site: _____

Ministry Information:

Purpose or Mission Statement: _____

Overview of the Ministry's Work: _____

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As the Ministry's Leader share an overview of your ministry experience.

Ministry Calendar--(international projects or work scheduled for the next 12 months)

Please indicate the nature of your ministry by checking the applicable areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> Area Crusades | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> Bible Distribution | <input type="checkbox"/> Family Evangelism | <input type="checkbox"/> Youth Ministry |
| <input type="checkbox"/> Christian Education | <input type="checkbox"/> Literature | <input type="checkbox"/> Church Planting |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Church Revivals | <input type="checkbox"/> Music |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Partnership/Evangelism | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Pastor Training | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Personal Evangelism |

Other: _____

FBWMinistries@gmail.com Please email this application as an attached PDF file or as picture made with your mobile phone. Also attach a personal biographical sketch or a current resume. If applicable also attach an informational brochure about the ministry and one or two brochures about a ministry project or ministry work.

*Thank you for making application to become a member of the FBWM.
You can expect a respond back to you in a few days.*