



WORLD
ASSEMBLIES OF GOD FELLOWSHIP

MEMBERSHIP APPLICATION

Basic requirements of membership include agreement with the [Statement of Faith](#) and the [Nature and Function](#) of the Fellowship. Members must also accept responsibility for assisting in the furtherance of the purpose and work of the World Assemblies of God Fellowship, which includes annual financial membership dues. The obligations and privileges inherent in such a relationship are stated in the World Assemblies of God [Constitution and Bylaws](#). The Executive Council meets once a year to discuss and review all submitted membership applications. All received applications are sent to their respective regional representatives for insight and recommendations to our Executive Council before the annual meeting.

Whereas we have declared our intention to share in the privileges and to assume the responsibilities of identification with the fraternal Fellowship known as the World Assemblies of God Fellowship, we do hereby request membership in this Fellowship. We agree with the WAGF Statement of Faith and the Nature and Function of the Fellowship and accept responsibility for assisting in the furtherance of the purpose and work of the World Assemblies of God Fellowship, which includes annual financial membership dues.

NAME OF FELLOWSHIP _____

LOCATION (COUNTRY) OF FELLOWSHIP _____

TOTAL NUMBER OF CHURCHES _____

CONGREGANT COUNT _____

GENERAL SUPERINTENDENT _____

OFFICIAL SIGNATURE _____ **DATE** _____

TITLE _____

WAGF Executive Leadership Team

Rev. Dominic Yeo, Chairman

Rev. Doug Clay, Vice Chairman

Rev. Juan Carlos Escobar, Secretary

World Assemblies of God Fellowship

1445 N. Boonville Avenue

Springfield, MO 65802 USA

Email: Chairman@WorldAGFellowship.org



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MEMBERSHIP APPLICANT PROFILE FORM

NAME OF FELLOWSHIP _____

LOCATION (COUNTRY) OF FELLOWSHIP _____

FELLOWSHIP ADDRESS

MAILING ADDRESS (if different from address above)

*Is this a sensitive country? Yes No

NAME OF GENERAL SUPERINTENDENT/NATIONAL LEADER

 Rev. Dr. Pastor Other: _____

Spouse's Name _____

CONTACT INFORMATION:

Office _____

Home _____

Cell/Mobile _____

FAX _____

Email Address(es) _____
