

## MEMBERSHIP APPLICATION

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 applications received are sent to their respective regional representatives for insight and recommendations to our Executive Council before the annual meeting.

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NAME OF ORGANIZATION \_\_\_\_\_

LOCATION (COUNTRY) OF ORGANIZATION \_\_\_\_\_

TOTAL NUMBER OF CHURCHES \_\_\_\_\_

CONGREGANT COUNT \_\_\_\_\_

GENERAL SUPERINTENDENT \_\_\_\_\_

*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.*

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

Email: [Chairman@WorldAGFellowship.org](mailto:Chairman@WorldAGFellowship.org)

## MEMBERSHIP APPLICANT PROFILE FORM

### ORGANIZATION INFORMATION

NAME OF ORGANIZATION \_\_\_\_\_

LOCATION (COUNTRY) OF ORGANIZATION \_\_\_\_\_

### ORGANIZATION HISTORY

\_\_\_\_\_  
\_\_\_\_\_

### MOTIVATION FOR APPLYING FOR MEMBERSHIP

\_\_\_\_\_  
\_\_\_\_\_

### MISSION/VISION

\_\_\_\_\_  
\_\_\_\_\_

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### CONTACT INFORMATION

#### NAME OF GENERAL SUPERINTENDENT/NATIONAL LEADER

\_\_\_\_\_

☐ Rev.      ☐ Dr.      ☐ Pastor      ☐ Other: \_\_\_\_\_

#### ORGANIZATION ADDRESS

\_\_\_\_\_

#### MAILING ADDRESS (if different from address above)

\_\_\_\_\_

EMAIL ADDRESS(ES) \_\_\_\_\_

OFFICE \_\_\_\_\_

MOBILE \_\_\_\_\_

WHATSAPP NUMBER \_\_\_\_\_

\*Is this a sensitive country?    ☐ Yes      ☐ No