APOSTOLIC CLERGY NETWORK

INTERNATIONAL (ACNI)

Email: [info@acniglobal.org](mailto:info@acniglobal.org)

**FIX PHOTO**

Call: 0558526407



MEMBERSHIP REGISTRATION FORM

Bishop Dr. Eric Minta

International President

Ericminta@hotmail.com

PERSONAL DATA

1. Name of Applicant: ……………………………………………………………………………………………………..
2. Date of birth: ……………………………………………………………………………………………………………..
3. Place of Birth: …………………………………………………………………………………………………………….
4. Hometown: ………………………………………………………………………………………………………………..
5. Nationality: ………………………………………………………………………………………………………………..
6. Language (s) spoken: …………………………………………………………………………………………………
7. Marital Status: …………………………………………………………………………………………………………..
8. Number of Children: ...…………………………………………………………………………………………………
9. Telephone Number: ……………………………………………………………………………………………………

CHURCH INFORMATION

1. Name of Church: ………………………………………………………………………………………………………..
2. Name of Head Pastor: …………………………………………………………………………………………………
3. Head pastor’s Phone Number: ……………………………………………………………………………………
4. Number of Congregation: ……………………………………………………………………………………………
5. Ghana Post GPS Address: ……………………………………………………………………………………………
6. Location of your Church: ……………………………………………………………………………………………
7. Region: ……………………………………………. District/Area: ………………………………………………….
8. Number of Elders/Leader: …………………………………………………………………………………………..
9. Type of Building/Structure: …………………………………………………………………………………………
10. Street Name/Prominent Landmark: ……………………………………………………………………………
11. Land Owners’ Name(s) : ………………………………………………………………………………………………
12. Permanent Place of Worship Temporal place of Worship
13. How long have you served under your church: ……………………………………………………………
14. How long have you served under your head pastor? …..………………………………………………
15. Number of years in Ministry: ………………………………………………………………………………………
16. E-mail Address: ……………………………………………………………………………………………………………
17. Building permit: Available Not Available
18. Environmental Health Report: Available Not Available

GENERAL MATTERS

1. Are you an ordained minister? YES NO
2. When were you ordained? …………………………………………………………………………………………
3. Who ordained you? …………………………………………………………………..………………………………..
4. By whose approval were you ordained? …………………………………..…………………………………
5. Licence number:………………………..Gazette No.: ……………………………………………………………
6. Date of issue: ……………………………………… Expiry Date: …………………………………………………
7. Identification type: National ID Voter’s ID Driver’s Licence Passport
8. Name of spouse: ………………………………………………………………………………………………………..
9. His/her occupation: ………………………………………………….………………………………………………..
10. Signature of your spouse: …………………………………………………..………………………………………
11. Signature of Applicant: ……………………………………………………..………………………………………..

DIRECTORS AND SECRETARY SIGNATURE

**DIRECTOR 1 (PASTOR-IN-CHARGE)**

Name: …………………………………………………….. Nationality: ………………………………………………………

Address: ……………………………………………………… Telephone Number: ……………………………………..

E-mail: ………………………………………………………… Signature: ……………………………………………………...

**DIRECTOR 2 (TREASURER/ELDER/TRUSTEE)**

Name: ………………………………………………………….. Nationality: …………………………………………………

Address: ……………………………………………………… Telephone Number: ………………………………………

E-mail: ………………………………………………………… Signature: ………………………………………………………

**DIRECTOR 3 (SECRETARY)**

Name: ………………………………………………………….. Nationality: ………………………………………………

Address: ……………………………………………………… Telephone Number: ……………………………………

E-mail: ………………………………………………………… Signature: ……………………………………………………

OFFICE OF CALLING

Please check ( ) your office of calling

Pastor Teacher Evangelist Prophet Apostle

Other specify: ………………………………………………………………………………………………………………………

OBLIGATIONS

1. Will you attend all proposed meetings of ACNI? ……………………………………………………..
2. Are you willing to abide by the rules and regulations as long as you remain a member? ………………………………………………………………………………………………………………..
3. Will you submit to the leadership of ACNI so long as you remain a member? …………
4. Do you promise to fulfil all financial obligations as long as you remain a member? …………………………………………….

DECLARATION

I ……………………………………………………………………………. Confirm that the information given is true and complete. I do agree that my licence be taken from me should I misconduct myself in any way as a Reverend Minister, subject to rules of the Network.

……………………………………. ……………………………………….

Signature Date

OFFICE USE ONLY

Vetting Officer (Full name): ……………………………………………………………………………………………………

Data Entry Officer/Administrator: …………………………………………………………………………………………

Date of Submission: …………………………………………… Date of Entry: ………………………………………..

Approved by: ………………………………………………………………………………………………………………………..

Position: ……………………………………………………………………………………………………………………………….

Signature: …………………………………………………… Date: …………………………………………………………….