

# APOSTOLIC CLERGY NETWORK

## INTERNATIONAL (ACNI)

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

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Call: 0558526407

APOSTOLIC CLERGY NETWORK  
INTERNATIONAL



**FIX  
PHOTO**

## MEMBERSHIP REGISTRATION FORM

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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: .....

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: .....