



Application for  
Membership and Credentials

World Harvest Ministers Network  
530 E. Ireland Rd., South Bend, IN 46614  
(574) 291-3292 • [lbarlow@christiancenter.org](mailto:lbarlow@christiancenter.org)  
[www.whmn.net](http://www.whmn.net)

# World Harvest Ministers Network

## Application Instructions

**Thank you for your interest in the World Harvest Ministers Network!**  
**Please read and follow the instructions carefully.**

Ministerial credentials offered as stated in the WHMN Handbook: Christian Worker, Licensing, Ordination.  
 Please consult Handbook or contact WHMN for qualification requirements before applying.

Membership (no credentialing) in World Harvest Ministers Network is available for those ministers who wish to retain a license or ordination credentials through another ministerial association, but desire the fellowship, vision, resources, and benefits afforded through WHMN.

1. Answer each question listed on the application form in full (you may type into the fields using your computer, save the file, and return via mail or e-mail). You may also use the "Additional Information" pages in the form to provide more detailed answers.
2. Send application form with the non-refundable \$30.00 fee to the WHMN offices. You may expedite the application process by faxing application form and credit card information to (574) 299-4248, by e-mailing to [lbarlow@christiancenter.org](mailto:lbarlow@christiancenter.org), or submitting online at [www.whmn.net](http://www.whmn.net).
3. Submit a recent photo with your application (photo should be a clear photo of your face from the shoulders up).
4. Reference providers must complete and send the reference forms to the WHMN offices.
5. We will inform you by e-mail whether or not your application has been approved, usually within 30 days from reception of application and reference forms.
6. If application is approved, your certificate and membership card will be generated and sent to you upon payment of the \$80.00 membership fee.
7. You will now receive the full (and growing) benefits of being a member of the World Harvest Ministers Network.

# World Harvest Ministers Network

## Application for Membership & Credentials

(Please submit a recent photo with your application. Photo should be a clear image of your face from the shoulders up.)

Applicant's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male  Female

Single  Married  Divorced\*  Remarried\*  Widowed

\*Explain circumstances for divorce/remarriage on "Additional Information" page (this will be confidentially held)

Home Church: \_\_\_\_\_ How Long Attended: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

You are applying for: Membership  Christian Worker License  License  Ordination

Current Ministerial Credentials: None  Christian Worker  Licensed  Ordained

Licensing Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**What other church, fellowship, or organization have you carried papers with? (if different from previously stated, please give names and dates held):**

---



---



---

**If you have ever been disciplined by a church body or organization, please explain:**

---

---

---

**What is the extent of your preparation for the ministry (schools attended, degrees, apprenticeships)?:**

---

---

---

**Give a brief history of your ministry experience (churches pastored, itinerant ministry, missions, etc.):**

---

---

---

**What is your primary field of ministry currently?**

Pastor  Evangelist  Missionary  Helps  Other: \_\_\_\_\_

Please describe your current ministry activity (use "Additional Information" page if needed): \_\_\_\_\_

---

---

---

**Why do you want to become a member or hold credentials with World Harvest Ministers Network at this time?**

---

---

---

**Confidential Membership References:** (Individuals who have known you for at least one year and will be sending references)

Your Pastor (or Licensed Minister if you do not have a pastor):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**References Continued:**

WHMN Member (leave blank if you do not know one and we will contact you):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Person, Friend, or Relative (please provide two):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Do you agree with WHMN's "Statements of Faith," "Tenets of Faith," and "Ordinances"? Please explain areas of question or disagreement:**

---

---

---

---

**You are expected to actively cooperate and support mutual ministry of this fellowship through financial and personal participation in its programs and projects. State and explain any questions or reservations you may have or foresee:**

---

---

---

---





# World Harvest Ministers Network

## Membership Fee Form

**Amount due for WHMN membership if application is approved: \$80.00** (we will notify you of decision).  
Please make checks payable to: World Harvest Ministers Network.

If you would like to expedite your application by using a credit card, fax the application along with your credit card information to the WHMN office at (574) 299-4248, email to [lbarlow@christiancenter.org](mailto:lbarlow@christiancenter.org), or submit online at [www.whmn.net](http://www.whmn.net).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Card Type:  VISA  Master Card  American Express  Discover

-----

### FOR OFFICE USE ONLY

Name of Applicant: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Credentials Requested by Applicant: \_\_\_\_\_ Credentials Offered to Applicant: \_\_\_\_\_

Credentials Offer Accepted by Applicant? (Yes) or (No): \_\_\_\_\_

Date Membership Payment Processed (if application is approved/credentials offer accepted): \_\_\_\_\_

Date Membership Card Generated: \_\_\_\_\_ Date License/Ordination Certificate Generated: \_\_\_\_\_

Date Card, Certificate, and Receipt Sent to Member: \_\_\_\_\_ Sent By: \_\_\_\_\_

Date Payment Sent to Accounting: \_\_\_\_\_