



NEW CHURCH/MINISTRY APPLICATION

WORLD BIBLE WAY FELLOWSHIP, INC.

P O BOX 506 – Ben Franklin, TX 75415 -- 972.259.1231

WBWF@worldbibleway.com – www.worldbibleway.com

PLEASE COMPLETE IN FULL

\$150 FEE MUST ACCOMPANY THE APPLICATION

(can be paid online via the website above under 'GIVE' tab or by mailing in a check/MO)

Ministry Name _____

Internal Revenue Service federal tax identification number (EIN) Number: _____

Physical Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Mailing Address (if different from the above)

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Website http:// _____

Email _____

The Organization must furnish a copy of the church/ministry Articles of Incorporation, Articles of Association or other Creative Documents that meet the requirements of Section 501 (c) (3) of the Internal Revenue Code as well as Bylaws that meet these requirements.

Ministry Type (Please select one):

Church / Mission Society / Evangelistic / Outreach / Bible Institute / Church School / Benevolence Ministry

Other (please explain) _____

NOTE: World Bible Way Fellowship does not accept applications for integrated auxiliaries.

APPLICANT'S AFFIRMATION

I and/or the governing body HAVE READ AND ACCEPT the Doctrinal Statement of Faith as stated in the Statement of Facts of the World Bible Way Fellowship and I am/we are in agreement to the purposes and objectives contained therein.

"BECAUSE I BELIEVE IN THE FELLOWSHIP AND AM PROUD TO BE A PART OF IT, AND BECAUSE IT IS THE RIGHT THING TO DO, KNOWING OUR GOD DOES REWARD CHEERFUL GIVERS, I HEREBY MAKE A FAITH PROMISE TO SUPPORT IT ON A REGULAR MONTHLY BASIS WITH OFFERINGS AS THE LORD ENABLES ME."

Signature _____ Date _____

Printed Name _____

Title (pastor/founder/president, etc.) _____