## ~~ CHRISTIAN WORKER 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 (front and back)
\$50 FEE, completed recommendation (on reverse) & picture
MUST ACCOMPANY THE APPLICATION

This portion to be completed by the applicant				
Applicant Name:				
Address:				
City:	State:	Zip:		
Phone:	Website (if applicable):			
Email:	Date of Birth:			
Please provide a description of	your ministry:			
(WBWF) and I am in agreement bring shame or reproach to the fields of ministry, I will return m I understand that membershi	e read and accept the Doctrinal Statement of Faith as stated in the Stater to the purposes and objectives contained therein. I will strive to maintal Lord Jesus Christ or the Fellowship. If, at any time I no longer agree with y credentials at once. ip in the WBWF does not make me an employee, agent or legal represen ction, debts, etc., of any of its members.	in the high Christian standard of conduct so as not to the Statement of Faith, or choose to enter other		
Signature:	Date:			
	This portion to be completed by the recommend	der		
Your name:	Ph	Phone:		
Name of church/ministry/orgar	nization:			
Please circle one: * Pastor *	President * Director * Founder * Other			
Address:	City:			
State:	Zip:			



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## **RE: Christian Worker Recommendation**

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The purpose of this correspondence is to recommend for the title of 'Christian Worker' in the World Bible Way Fel	lowship.	
As the 'recommender' I have completed the portion at the bottom of the page on the reverse of this letter and have signed accordingly. My signature denotes my full support of the person named above.		
The reason/s I am recommending this individual is/are outli recommendation letter if you prefer).	ned below (NOTE: feel free to attach your own	
Thank you for your consideration,		
Signature:	Date:	