

# INDIVIDUAL MEMBERSHIP APPLICATION

## KADASH NETWORK

1206 Florida Boulevard • Baton Rouge, LA 70802  
Post Office Box 84062 Baton Rouge, LA 70884  
225- 383-3170 • Fax: 225-383-1351 •  
Email: kadashnet@ymail.com

*Please type or print legibly.*

I am making application for the following ministerial credential. ✓ **CHECK APPLICABLE LISTING BELOW**

ORDINATION     LICENSE    FIVE FOLD MINISTRY GIFT (Please Check)

APOSTLE     PROPHET     PASTOR/TEACHER     EVANGELIST     MINISTER

### **PERSONAL PROFILE:**

Your full name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_ Website: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Marital status:  Married  Single  Separated  Divorced  Widow/Widower

Country of citizenship: \_\_\_\_\_ Spouse: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

In what year did you accept Jesus Christ as your Savior? \_\_\_\_\_

Have you been water baptized by immersion?  YES  NO

Do you believe in the baptism of the Holy Spirit with the evidence of speaking in tongues?.....  Yes  No  Not Sure

What is your primary spiritual calling or vocation: ✓ **CHECK ONE ONLY.**

Pastor/Teacher  Prophet  Evangelist  Apostle  Missionary  Minister

How are you supported financially? \_\_\_\_\_

How did you learn of KADASH NETWORK? \_\_\_\_\_

Briefly tell us about your current ministry service and the people you have been called to serve. (see below)

### **CHURCH INFORMATION**

Do you have a home church you attend on a regular basis?  YES  NO

Name of your home church \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Your position \_\_\_\_\_



Please check ministry calling areas:

Pastor  Associate Pastor  Evangelist  Teacher  Missions  Youth Ministry  Music Ministry  
 In home Bible study groups  Cell Ministry  Prison Ministry  Nursing Home  Chaplaincy  Singles Ministry  
 Apostolic  Prophetic  Couples Ministry  Elder Care  Elder  Deacon

Other areas of experience: \_\_\_\_\_

**MINISTERIAL RECOMMENDATIONS & ENDORSEMENTS**

If you have a KADASH Network Partner as sponsor, give name here: \_\_\_\_\_

If you do not have a KADASH NETWORK sponsor, list two ministerial references:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

***By affixing my signature to this application I hereby apply for ministerial credentials with KADASH NETWORK. The information that I have shared is true and correct and I agree to abide by the KADASH Ministerial Code of Ethics. Please find enclosed my network application fee or my credit/debit card authorization.***

Signature \_\_\_\_\_ **Note: Please attach a recent 4X6 or 5X7 color photo**

<b>OFFICE USE ONLY:</b> Date application received ____/____/____		Sponsorship or Recommendations forms received? _____	
Application received \$ _____	How paid _____	Ck# _____	Approved _____ Data Entry ____/____/____
Date certificate sent ____/____/____	Remarks _____		

## MINISTERIAL RECOMMENDATION & ENDORSEMENT

PLEASE NOTE: This form is to be completed by a Five Fold Minister that can give testimony to the qualifications of the applicant. All information is confidential. Mail this form to the KADASH Network general office at the address shown above. Thank you for your prayer, time and consideration.

Applicant's Name \_\_\_\_\_ State \_\_\_\_\_

How long have you been acquainted with this applicant? \_\_\_\_\_

What is your current ministerial calling or vocation? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Have you had sufficient opportunity to observe this applicant's life and ministry? \_\_\_Yes \_\_\_No

**HOW WOULD YOU RATE THE APPLICANT IN THE FOLLOWING AREAS:**

	Excellent	Good	Fair	Questionable	Poor	Unknown
Word life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic relations with children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian life and testimony.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with financial matters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preaching / teaching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication to the ministry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's dedication to God and Christian principles .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you fully endorse and recommend this applicant for ministerial credentials? \_\_\_Yes \_\_\_No  
*If you have reservation to your endorsement please give comments on reverse side of this form.*

Your name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

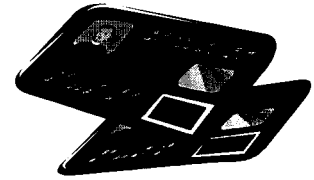
Your signature: \_\_\_\_\_

Use the back side of this form for any additional comments you would like to share

**PLEASE MAIL THIS FORM DIRECTLY TO KADASH NETWORK-1206 FLORIDA BOULEVARD- BATON ROUGE, LA 70802**

**CREDIT / DEBIT CARD PAYMENT FORM**

Use this form to pay your membership dues by credit or debit card.  
All information is confidential and this form will be shredded after use.



VISA or MC: 3 digits



AMEX: 4 digits

**INSTRUCTIONS:** Check the box next to the card you will be using. If you are using a **MasterCard** or **Visa**, you will need to give the **3 digit numbers** you will find on the reverse side of your card located on the signature panel. It will be the last three numbers. When using an **American Express** card you will need to give the additional four (4) numbers from the front of the card. Your information cannot be processed without these numbers.

Please check the type of card you are using -

VISA       MasterCard       DISCOVER       AMERICAN EXPRESS      Card Expiration Date: \_\_\_\_/\_\_\_\_

Card Number: \_\_\_\_\_

3 Digit Number located on signature panel - \_\_\_\_\_ 4 Digit Number From Front Of Card - \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_  
Print or type legibly so there is no misunderstanding

Billing Address Associated with this card: \_\_\_\_\_

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

Telephone associated with this card including area code: (\_\_\_\_) \_\_\_\_\_

Daytime phone with area code: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Indicate the amount to be charged to your card: \$ \_\_\_\_\_

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

**SUBMIT THIS FORM WITH YOUR APPLICATION - PLEASE MAKE SURE ALL INFORMATION IS CORRECT & LEGIBLE**

.....  
Use this for your records until regular receipt is received

CREDIT/DEBIT CARD TRANSACTION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose: Network Fees- KADASH NETWORK

Type of card used: \_\_\_\_\_

Amount \$ \_\_\_\_\_

**CHURCH or MINISTRY AFFILIATION**  
**APPLICATION INSTRUCTIONS & CHECK-OFF LIST**

Please read over and follow the instructions and guidelines stated below. Use this form as a Check-off list prior to mailing your application to KADASH NETWORK.

Ck box when  
complete

1.  Complete the entire application using N/A for those questions that do not pertain to your church or ministry.
2.  Type or print legibly in black ink.
3.  Remit the appropriate application fees.
4.  Review your application to make sure all questions have been answered and all supporting documents are included.

If you have any questions regarding the application process, please contact the KADASH NETWORK office. We look forward to receiving your application. Once the application is received it shall be processed within five working (5) days.

**KADASH NETWORK**  
1206 Florida Boulevard      Baton Rouge, Louisiana 70802  
Telephone: 225-383-3170 - Email: [kadashnet@ymail.com](mailto:kadashnet@ymail.com)

## APPLICATION FOR CHURCH AFFILIATION

**PLEASE NOTE:** This application is for Church affiliation only. To qualify as a church you must have a group of people that meet on a regular basis with a set statement of faith and doctrine. Each Church remains autonomous. Please respond to all the questions on the application and use NA for those not applicable to you. Mail this application to the KADASH NETWORK general office along with the application fee of \$100.00.

- PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK -

1. Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_
  2. Name of Church \_\_\_\_\_
  3. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_
  4. Physical Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_
  5. Pastor's Name \_\_\_\_\_ Phone: Res:(\_\_\_\_) \_\_\_\_\_ Off: (\_\_\_\_) \_\_\_\_\_
  6. Email: \_\_\_\_\_@\_\_\_\_\_ Web Site: www. \_\_\_\_\_
  7. Secretary's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
  8. Does the Pastor have personal membership with KADASH NETWORK? \_\_\_Yes \_\_\_ No \_\_\_Applied for
  9. If the Pastor does not have KADASH NETWORK membership, is he/she credentialed with another group?  
\_\_\_Yes \_\_\_ No
  10. Is the Church incorporated? \_\_\_ Yes \_\_\_ No If Yes: What Year: \_\_\_\_\_ What State: \_\_\_\_\_
  11. Does the Church have: By-Laws \_\_\_Yes \_\_\_No - Statement of Faith \_\_\_Yes \_\_\_No
  12. Approximate size of congregation: 1-25 26-50 51-100 101-200 201-300 301-400 500+
  13. Do you keep Minutes of business meetings? \_\_\_Yes \_\_\_No If No, will you begin to do so? \_\_\_Yes \_\_\_No
  14. Do you have an EIN? \_\_\_Yes \_\_\_No If Yes, give number \_\_\_\_\_ - \_\_\_\_\_
  15. If you do not have an EIN, have you applied for one? \_\_\_Yes \_\_\_No If Yes, when? \_\_\_\_\_
  16. Is the Pastor or any staff member paid? \_\_\_Yes \_\_\_No If Yes, are taxes withheld? \_\_\_Yes \_\_\_No
  17. Have you read and do you agree with our Statement of Faith? \_\_\_Yes \_\_\_No - We agree \_\_\_\_\_
  18. Does your Church operate a Day Care, Nursery or School? \_\_\_Yes \_\_\_No  
If Yes, give description: \_\_\_\_\_
  19. Does your Church have a Child Abuse Policy? \_\_\_Yes \_\_\_No
- Do you ordain Ministers through your Church ministry? \_\_\_ Yes \_\_\_ No -

Check each of the believes and practices your Church agrees with and participates in:

1.  It is only through the shed blood of Jesus Christ that we have remission of sin .
2.  Water baptism by total immersion
3.  Baptism of the Holy Spirit with the evidence of speaking in tongues
4.  The Gifts of the Spirit are operational today as with the first church
5.  Holy Communion
6.  Divine healing, spiritual and physical
7.  The Five-fold ministry

Give the date your Church was founded \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Through what source did you learn of KADASH NETWORK? \_\_\_\_\_

Is the Church involved in any type of missions?  Yes  No  Foreign  Domestic

Please read and sign: A motion was made and carried that \_\_\_\_\_ Church would file for affiliation with KADASH NETWORK to come under the spiritual covering of KADASH NETWORK. The Church maintains its individual sovereignty under one Sovereign, the Lord Jesus Christ.

Accepted and signed by: \_\_\_\_\_ Position \_\_\_\_\_

OFFICE	NAME	ADDRESS (City & State)
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Pastor / Director: \_\_\_\_\_

**OFFICE USE ONLY:**

Church referred by \_\_\_\_\_

Is the Pastor known by any KADASH NETWORK member? \_\_\_\_\_

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

Action taken on this application: \_\_\_\_\_

Date approved \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Declined \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: