



INTERNATIONAL COALITION OF APOSTLES 2011 Membership Application

This ICA membership application should be completed and submitted only by those individuals who have previously been nominated and received an official written invitation to join ICA, signed by Presiding Apostle, John P. Kelly.

Spouses: Membership in ICA is as individuals only, not as married couples. Spouses are encouraged to accompany member apostles to any and all ICA functions. In cases where both husband and wife are recognized as apostles, consideration, and possible invitation, will be processed on each with a separate application and special fee.

Part 1 - Personal Information Please print legibly or type - in English only.

Name: _____ Date: _____

Address: _____ City: _____ Zip/Postal Code: _____

State or Province: _____ Country: _____

Phone: _____ Country code (outside US): _____

Fax: _____ Email: _____ Cell phone: _____

Date of birth: _____ Age: _____ Gender: M ___ F ___ Spouse's Name: _____

Nominated by (ICA Members): (1) _____ (2) _____

Part 2 - Ministry/Network Information Please print legibly or type, in English only.

Name of your ministry/network/business: _____

Your position: _____ (You will explain how you function as an apostle in Part 3, on page 2.)

Headquarters address: _____ City: _____ State: _____

Zip/Postal Code: _____ Country of headquarters: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

1. Where do you want your **ICA communications sent to?** ___ **Personal** ___ **Ministry**
2. Which information do you want to use for the **membership directory?** ___ **Personal** ___ **Ministry**
3. * Submit your best contact information for directory listing for other members to contact you.

Affirmation: I have read the prospectus of ICA and I am in substantial agreement with its goals, its government, its operational design, and its statement of faith.

Signed: _____ Date: _____

Part 3 – Apostolic Ministry

Name of Applicant _____

1. Explain how you function as an apostle: (Use "What is an Apostle?" as a reference/aid.)

2. Provide the name of a person with knowledge of your ministry, to whom you are personally accountable:

Name: _____

Mailing Address: _____

City, State/Province: _____

Country: _____ Phone Number: _____

E-mail address: _____

Website: _____

3. Indicate the number & names of churches, ministries, or individuals associated with your apostolic sphere.
(You need not include addresses, but let us know who is following your apostolic leadership in some detail.)

Part 4 – Financial Requirement

2011 ICA Annual Membership Dues

Payment: Please return the entire application form along with your check made payable to "ICA" memo "Membership Dues" in US dollars, or complete the credit card payment information below. This portion of the application form must be **CURRENT** for your file each year in order to process accurate charges for your membership. If there is any question as to whether your membership is USA or International, your personal judgment will be honored.

***NOTE:** Your membership will be **deactivated if all dues are not paid by the 4th month** after the membership is activated. There is an additional **\$50.00 fee to reactivate** your membership.

Check your appropriate membership: **United States: \$450.00 USD** **International: \$350.00 USD**

Married applicants combined special fee: **\$650.00 USD** (Submit applications together if possible).

Activation date: ICA dues cover one year from the month you are activated. **Renewal:** You will receive a renewal reminder **two months before your renewal month**. If payment is not received by one month after the renewal month, you will be deactivated. There is an additional \$50.00 fee to reactivate your membership.

Tax notice for USA apostles: ICA is applying for a 501-C3. At this time, dues may not be a tax-deductible contribution, but might be deducted as professional expenses. Check with your tax consultant. Contributions over and above your dues are welcome.

Credit cards: You may pay by: Visa, Master Card, or Discover. For security reasons, we do **not** recommend sending completed credit card information by e-mail, but you may fax to the office - contact the office by phone to notify you are sending: 1-817-232-5815. You may use the ICA members' website to make the required payment - **HOWEVER** - In order to pay online for new members you must **first contact our office AND SUBMIT this application**.

The credit card information below will be required **EACH YEAR** in order to process your membership dues.

Type of card (check one): **Visa** **Master Card** **Discover** **American Express**

Card issued to (print name as on card): _____

Card number: _____ **Exp. Date:** ____/____
(mo/yr)

Card Billing Address: _____ **City** _____ **State** _____

Card billing zip code: _____ (Visa only, 3 numbers on back of card _____)

Signature: _____ **Date:** _____

***Choose Payment Plan options:** 1. **Pay in full** 2. **Pay half now and balance within 3 months**.

Send this completed form and check (if using) to:

ICA
PO Box 164217
Fort Worth, Texas 76161 USA

Office: Phone: 817-232-5815 / Fax: 1-817-232-1290 / E-mail: icainfo@coalitionofapostles.com
www.coalitionofapostles.com

P. S. Add icainfo@coalitionofapostles.com or other ICA email addresses you may receive to your list of accepted names to allow ICA communication via Constant Contact or other online methods and avoid it ending in your junk or spam folder.

Thank You!