



## INTERNATIONAL COALITION OF APOSTOLIC LEADERS Membership Application

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

**Spouses:** Membership in ICAL is for individuals only, not as married couples. Spouses are encouraged to accompany member apostles to any and all ICAL functions. In cases where both husband and wife function apostolically, each must submit a separate application for consideration and potential invitation.

**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 (ICAL Members): (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Part 2 - Ministry/Network Information**

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 should **ICAL send communications to you?**      \_\_\_ **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 ICAL prospectus (<http://www.icaleaders.com/about-ical/prospectus/>) and I agree substantially with ICAL's goals, government, operational design, and statement of faith.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3 – Apostolic Ministry**

**Name of Applicant** \_\_\_\_\_

**1. Explain how you function as an apostle:** (Refer to “Definition of an Apostle” at [www.icaleaders.com](http://www.icaleaders.com) as a reference.)

**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.**  
Include their website address, email and phone number.

**Part 4 – Financial Requirement**

**ICAL Annual Membership Dues**

**Payment:** Please return the entire application form along with your check made payable to "ICAL" 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.

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

**Tax Exemption:** ICAL is a recognized 501c3 non-profit by the IRS.

**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. Membership must first be approved before making payments on the website store.

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. year)

**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:

ICAL  
PO Box 164217  
Fort Worth, Texas 76161 USA

Office: **Phone: 817-232-5815 / Fax: 1-817-232-1290 / E-mail: Info@icaleaders.com**  
[www.icaleaders.com](http://www.icaleaders.com)

P. S. Please add [info@icaleaders.com](mailto:info@icaleaders.com) and other ICAL email addresses from the administration office to your acceptable email address lists in order to receive ICAL communications and E-newsletters.

**Thank You!**