



ALL AFRICA BISHOPS COUNCIL



P.O.Box 9621, Pretoria, 0001

Web Address: mmdifrat@mweb.co.za +27 (0) 12 801 2804

Membership Application

Date: _____

Full Name: _____

The office of Bishop is a Holy and Respected office in the hierarchy of the church. It is an office that must be respected and handled with dignity. Generally a Bishop is a senior pastor of a church or churches.

Biblical Prescription

1Tim 3:1¹ This is a true saying, If a man desire the office of a bishop, he desireth a good work. ² A bishop then must be blameless, the husband of one wife, vigilant, sober, of good behaviour, given to hospitality, apt to teach; Not given to wine, no striker, not greedy of filthy lucre; but patient, not a brawler, not covetous; ⁴ One that ruleth well his own house, having his children in subjection with all gravity; ⁵ (For if a man know not how to rule his own house, how shall he take care of the church of God?) ⁶ Not a novice, lest being lifted up with pride he fall into the condemnation of the devil. ⁷ Moreover he must have a good report of them which are without; lest he fall into reproach and the snare of the devil

A. To help with your application, the following documents must be presented:

- Papers / Certificates supporting your Ordination / Consecration as a Bishop
- Letter, etc. stating churches and pastors directly under your supervision / leadership
- Any other Credentials you may deem helpful towards your application may be submitted.
- Three letters of recommendation from Bishops, Pastors, Church Leaders, etc

B. Please take note of the following:

- Membership Cost Once Off Amount of R 800.00
- Yearly Renewal of Membership R 500.00
- Monthly contribution of R 100.00
- Available to all members: Membership Card @ R 100.00
 - Set of Membership Certificates @ R 300.00
 - Bishop's Seal @ R 250.00
 - Business Cards (250) @ R 150.00
 - Bishops Shirts, Vestments, Collars, Rings, Cross, Crozier available from AABC
- Members must endeavor to attend all monthly meetings of All Africa Bishops Council

ALL AFRICA BISHOPS COUNCIL

A. PERSONAL DATA

1. TITLE: _____ SURNAME: _____ First Name _____

2. ADDRESS _____

Postal Code: _____

3. PH:(Home): _____ (Office): _____ (Cell): _____

4. FAX: _____ EMAIL: _____ WEB: _____

5. BIRTH PLACE: (Town) _____ Country: _____

6. BIRTH DATE: _____

7. NATIONALITY: _____ ID. NUMBER: _____

8. HOME LANGUAGE: _____

9. GENDER: MALE: _____ FEMALE: _____

B. MARITAL STATUS

1. MARITAL STATUS: Single: ___ Married: ___ Widower: ___ Divorced: ___

Have you or your spouse been previously married? Yes: ___ No: ___

If "Yes" give details: _____

Date of Marriage: _____

Date of Divorce: _____

Date of Death: _____

2. PERSONAL DATA OF SPOUSE:

a) FULL NAME _____

b) Cell): _____

c) BIRTH PLACE: (Town) _____ Country: _____

d) BIRTH DATE: _____

e) NATIONALITY: _____ ID. NUMBER: _____

f) OCCUPATION: _____

3. DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____

Is your spouse Born Again? Yes /No _____

Is he / she filled with the Holy Ghost? Yes / No _____

Is he / she in agreement with you being in Ministry? Yes / No _____

4. NUMBER OF CHILDREN

Names: _____ Ages: _____

C. SPIRITUAL DETAILS

1. HAVE YOU BEEN BORN AGAIN ACCORDING TO JOHN 3:3-6

Yes / No _____

When and where were you Born Again:

Place: _____ **Date:** _____

2. HAVE YOU BEEN BAPTIZED AS A BELIEVER BY IMMERSION IN WATER ACCORDING TO MATTHEW 28:19

Yes / No _____

When and Where were you Baptized in water

Place: _____ **Date:** _____

3. HAVE YOU RECEIVED THE BAPTISM INN THE HOLY SPIRIT ACCORDING TO ACTS 2:4?

Yes / No: _____

DO YOU SPEAK IN OTHER TONGUES? Yes / No _____

When and Where were you Baptized in the Holy Spirit?

Place: _____ **Date:** _____

4. ADDICTING HABITS, Etc.

Do you use tobacco in any form? Yes / No _____

Do you use habit-forming drugs or alcohol Yes / No _____

Are you a member of any Secret Order? Yes / No _____

D. MINISTERIAL DETAILS

1. STATE THE DETAILS OF THE CHURCH WITH WHICH YOU ARE PRESENTLY INVOLVED WITH:

Name: _____

Address: _____

_____ **Postal Code:** _____

If you are pasturing a church, please state address where the meetings are held

Address 1: _____

Address 2: _____

What is your membership at present (Children Included) _____

2. WHEN WAS THE CHURCH ESTABLISHED _____

3. HOW MANY PASTORS _____ **CHURCHES** _____ **UNDER YOUR LEADERSHIP**

4. WHAT IS YOUR POSITION IN THE CHURCH / MINISTRY?

How long have you held this position? _____

Do you hold this position in a full time capacity? Yes / No _____

Are you involved in secular employment/ Business? Yes / No _____

State the type of work/ Business: _____

5. ARE YOU SURE GOD HAS CALLED YOU FULLTIME TO THE FIVE-FOLD MINISTRY

Yes: _____

No: _____

6. IF YOU ARE NOT PASTORING A CHURCH GIVE DETAILS OF YOUR PASTOR

Name: _____

Address: _____

Telephone: _____ **Cell:** _____

How long has above-mentioned been your Pastor: _____

Declaration:

1. Do you believe and accept the Bible as God's Word, inspired by the Holy Spirit? As found in 2Tim3:16.17 ...¹⁶*All scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness:* ¹⁷*That the man of God may be perfect, thoroughly furnished unto all good works.*

Yes...../ No.....

2. On being Consecrated into the office of a Bishop by AABC, you are legible to also become a member of the AABC. Do you also want to become a member of the AABC?

Yes..... / No

3. Do you, as a member of the AABC, accept the constitution and Statement of Faith of the AABC and undertake to abide by the laws, bylaws, rules, regulations and any other requirement as long as it is in accordance with the Word of God? Yes..... / No.....

4. In matters of discipline, do you undertake to abide by the decisions of the AABC?

Yes..... / No.....

Signed this _____ day of _____ At _____

Bishop's Vestments

- Cope
- Mitre
- Cassock
- Ring
- Staff / Crosier
- Bible
- Skull Cap / Zuccoth
- Stole
- Shepherd's Dress
- Cross
- Purple Ministerial Shirt (Round Collar)

Office Use:

Date Received: _____ File No. _____

Application Accepted: _____ Rejected: _____

Comments: _____

Signature: (Curatorium Officer) _____