

ALL AFRICA BISHOPS COUNCIL



P.O.Box 9621, Pretoria, 0001 Web Address: info@aabc.org.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 <u>must be blameless</u>, the <u>husband of one wife</u>, <u>vigilant</u>, <u>sober</u>, of <u>good behaviour</u>, <u>given to hospitality</u>, <u>apt to teach</u>; <u>Not given to wine</u>, <u>no striker</u>, <u>not greedy of filthy lucre</u>; but <u>patient</u>, <u>not a brawler</u>, <u>not covetous</u>; ⁴ One that <u>ruleth well his own house</u>, having <u>his children in subjection</u> 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 <u>Not a novice</u>, lest being lifted up with pride he fall into the condemnation of the devil. ⁷ Moreover he must have <u>a good</u> 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 1500.00
- Yearly Renewal of Membership R 1000.00
- 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
 - o Business Cards (250) @ R 300.00
 - o Bishops Shirts, Vestments, Collars, Rings, Cross, Crozier available from AABC
- Members must endeavor to attend all meetings of All Africa Bishops Council

ALL AFRICA BISHOPS COUNCIL

	A. PEI	RSONAL DATA	
1. TITLE:	SURNAME:	First Naı	me
2. ADDRES			
		Postal Code:	
3. PH:(Home):	(Office):	((Cell):
4. FAX:	EMAIL:	WEB	3:
5. BIRTH PLACE:	(Town)	Country:	
6. BIRTH DATE:_			
7. NATIONALITY:		ID. NUMBER:	
8. HOME LANGUA	AGE:		
9. GENDER: M.	ALE:	FEMALE:	
	<u>B. MAI</u>	RITAL STATUS	
1. MARITAL STAT	CUS: Single: Marrie	d:Widower:	Divorced:
Have you or	your spouse been previous	ly married? Yes:	No:
If "Yes" give	e details:		
Date of Mari	riage:		
Date of Divo	rce:		
Date of Deat	h:		

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	g in Ministry? Yes / No	
4. NUMBER OF CHILDREN		
Names:	Ages:	

	C. SPIRITUA	L DETAILS				
1.	HAVE YOU BEEN BORN AGAIN ACCOR	YOU BEEN BORN AGAIN ACCORDING TO JOHN 3:3-6				
	Yes / No					
	When and where were you Born Again:					
	Place: D	ate:				
2.	HAVE YOU BEEN BAPTIZED AS A BELII ACCORDING TO MATTHEW 28:19	EVER BY IMMERSION IN WATER				
	Yes / No					
	When and Where were you Baptized in water	r				
	Place:	Date:				
3.	HAVE YOU RECEIVED THE BAPTISM IN ACCORDING TO ACTS 2:4?	IN THE HOLY SPIRIT				
	Yes / No:					
	DO YOU SPEAK IN OTHER TONGUES?	Yes / No				
	When and Where were you Baptized in the H	Ioly Spirit?				
	Place: 1	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 MINISTR Yes:							
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:

2Tim3:16.17 ¹⁶ doctrine, for re	All scripture is given be proof, for correction, for	oy inspired by the Holy Spirit? As found in by inspiration of God, and is profitable for or instruction in righteousness: 17That the man rnished unto all good works.					
	ABC. Do you also want t	Bishop by AABC, you are legible to also become a o become a member of the AABC?					
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 dise Yes/ No	2 , 3	e to abide by the decisions of the AABC?					
Signed this	day of	At					
	<u>Bishop</u> ?	's Vestments					
• Cope		Skull Cap / Zuccoth					
MitreCassock		StoleShepherd's Dress					
• Ring		• Cross					
• Staff / Crosier		Purple Ministerial Shirt					
• Bible		(Round Collar)					
Office Use: Date Received:	File N	No					
Application Accepted	:Reje	ected:					
Comments:							
Signature: (Curatoriu	ım Officer)						