

ISDM

CHRISTIAN HEALING CERTIFICATION PROGRAM Membership Application

Notice:

This ISDM membership application should be completed and submitted only by those individuals who have received an official written invitation to join ISDM by CHCP.

Spouses

If your spouse is a deliverance minister, they may join ISDM for an additional \$50.00 fee. (Please see below)

Part I - Personal Information *Please print 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 joining ISDM (\$50.00 fee) **YES** **NO** If yes, Spouse's name: _____

Spouse's date of birth: _____ Spouse's e-mail: _____

Nominated by (ISDM Member):
_____ CHCP _____

Part 2 - Ministry/Church Information *Please print or type in English only.*

Name of ministry or church: _____

Your position in the ministry or church: _____

You will explain how you function as a deliverance minister and indicate the names of the church, ministry or individuals associated with your deliverance ministry in Part 3, on page 2.

Ministry address: _____ City: _____ State: _____

Zip/Postal Code: _____ Country of ministry: _____

Phone: _____ Fax: _____ Email: _____

Other countries of ongoing ministry: _____

Web site: _____

To which address above do you want your ISDM correspondence sent? Personal _____ Ministry _____

Which address would you like in the ISDM directory for referrals? Personal _____ Ministry _____

Part 3 – Deliverance Ministry *Please print or type in English only.*

Name of applicant: _____

1. Explain how you function as a deliverance minister:

2. To whom do you hold yourself and your ministry, personally and spiritually accountable?

Name: _____

Position: _____

Ministry: _____

Address: _____

Phone: _____

Email: _____

Describe your relationship to this individual or individuals.

Part 4 – Financial Requirements *Please print or type in English only.*

The membership fee for the year (the year starts once you become a member) is \$150.00, with a one-time processing fee of \$35.00 (totaling \$185.00). If you have a spouse who is interested in joining ISDM as well, their yearly fee is \$50.00. They are able to join at any time. However, if they join on a separate, later date, the \$35.00 processing fee will be applied to their membership fee (totaling \$85.00).

Please return your completed ISDM membership application, along with your check made payable to ISDM, or fill out the credit card information below. These dues will apply to the calendar year in which they are received and membership must be renewed each calendar year.

Tax notice for USA Deliverance Ministers: Your annual dues should not be considered a tax-deductible contribution. However, in most cases you may deduct them as a professional expense. Check with your tax consultant.

Contributions to ISDM over and above your dues are welcomed, and for those contributions, you will be issued a tax-deductible receipt.

Credit cards: You may pay by using your Visa card or Master Card. If you desire to do so, please provide the following information:

Type of card: Visa ____ Master Card ____ CHCP ____

Card issued to (name): _____

Card number: _____ 3 digit code #: _____ Exp. Date: _____

Signature: _____ Date: _____

PayPal: Payment is now accepted through PayPal on the ISDM website: www.isdmministers.org.

Affirmation: I have read the prospectus of ISDM and I am in substantial agreement with its goals, its government, its operational design, and its fundamental positions.

Signed: _____ Date: _____

Spouse: _____ Date: _____

Please mail your application and payment to:
ISDM
P.O. Box 1555
Stephens City, VA 22655
USA

Questions? Call 866-794-1948 or e-mail info@isdmmministers.org