



ISDM Membership Application

Part I - Personal Information

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

Please print or type in English only:

Applicant's Name *

First

Last

Application date *

Email *

Address *

Address Line 1

Address Line 2

City

State /Province/Region

Postal Code

Personal Phone *

Birthdate *

Age

Gender *

<input type="radio"/> F	<input type="radio"/> M
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Spouse Joining ISDM? *

YES

NO

(if YES, discounted fee for spouse is \$50.00)

Spouse's Name:

First

Last

Spouse's date of birth

Spouse's Email



Part 2 – Nominated By:

Please print or type in English only.

Nominated by (ISDM Member) * : _____

Part 3 – Ministry/Church Information:

Please print or type in English only.

This is about where you minister in deliverance. 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 next Part.

Name of ministry or church: * _____

Your position there: * _____

Ministry or church address: * _____

City: _____ State: _____

Zip/Postal Code: _____ Country of ministry: _____

Phone: _____ Email: * _____

Website: _____

- 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 ___



- Describe your relationship to this individual or individuals.

- Will he/she serve as a reference if you are nominated to ISDM?

3. How long have you been involved in deliverance ministry? *

4. Do you use Theophostic material to minister? *

5. How many deliverance appointments do you have per month? *

6. Do you pray for those in need of deliverance and inner healing on a consistent basis? *

7. Do these individuals receive freedom as a result of your ministry? Do you have written testimonies?

8. Do you know other deliverance ministers who would recommend you?



Part 5 – Background information

Please print or type in English only.

1. How long have you been a Christian?
2. Are you a member of a local church? (if ministry is done outside of a church settings):

Church information:

Name

Pastor's name

Address

Phone number

3. Do you hold yourself and your ministry personally and spiritually accountable through a covering or alignment relationship with anyone?

If yes:

Name

Address

Phone number

Email

4. Does this person/organization recognize and bless the fact you are a deliverance minister?
5. Do you believe a Christian can be demonized?
6. Where did you receive training in deliverance ministry?



7. What books and authors have you read concerning deliverance ministry?

13. What questions do you have concerning ISDM?



Part 6 – Financial Requirements

The membership fee for the year (12 months period starting 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 proof of online payment. (Various types of online payments are accepted through the ISDM website www.isdmministers.org.)

These dues will apply to the calendar year in which they are received and membership must be renewed each calendar year for membership to remain active.

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.

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