

Briefly describe your Ministry's Vision

Handwritten lines for describing the Ministry's Vision.

Brief History of your Ministry / Vision

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HOLINESS & PROSPERITY

ECONOMIC OCCUPATION

MARRIAGE & FAMILY

U
M
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UNITED 
MINISTERS
INTERNATIONAL

CHURCH & FAMILY



APPLICANT INFORMATION

Title: _____

Name: _____

Date of Birth: _____

Spouse's Name: _____

Spouse's Date of Birth: _____

Wedding Anniversary: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____



MINISTRY INFORMATION

Are You in Ministry Full Time? _____

How Long in Position? _____

Church Position Spouse Now Holds: _____

Name of Church Organization: _____

Church Street Address: _____

City: _____

State & Zip: _____

Church Mailing Address: _____

City: _____

State & Zip: _____

Church Phone: _____

Church Fax: _____

Website Address: _____

How long has your church been in existence? _____

Are you the Founder of this church? _____

Are You a Licensed Minister? Yes _____ No _____

If Yes, by what organization: _____

Are You an Ordained Minister? Yes _____ No _____

If Yes, by what organization: _____