



# Voice Ministerial Alliance

P.O. Box 1174 Cedar Park, TX 78630 | Office: 512-697-8857 | Fax: 512-697-9485  
www.TheVoiceMA.org

## Ministry Application

Please complete the application in its entirety. Go online to Voice Ministerial Alliance @ [www.thevoicema.com](http://www.thevoicema.com) and give your yearly offering which is your seed offering.

### Church Information:

Title: (Circle One): Pastor Apostle Bishop Minister Evangelist Dr. Mr. Mrs. Miss

Name \_\_\_\_\_  
Last First Middle Maiden

Mailing Address of Church \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Church Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Church Anniversary \_\_\_\_\_

Date of Pastor's Appreciation Service \_\_\_\_\_

Date Ministry Started \_\_\_\_\_

Administrative Contact Person \_\_\_\_\_  
(Title and Name)

Administrative Contact Person \_\_\_\_\_  
(Phone and Email Address)



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## **Personal Information:**

Marital Status: (Circle One) Married   Single   Widowed.   Separated   Divorced

Full Name of Spouse \_\_\_\_\_

Pastor's Birthdate \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_

Wedding Anniversary \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Best Hours to Reach \_\_\_\_\_

Cell or Mobile Number (\_\_\_\_\_) \_\_\_\_\_ Spouse Mobile Number (\_\_\_\_\_) \_\_\_\_\_

Names and Ages Of Your Children:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

## **Ministry Information:**

Date of Salvation \_\_\_\_\_

Have you been filled with the Holy Spirit with the evidence of speaking in tongues? \_\_\_\_\_

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In which field of ministry do you feel you are called?

Pastor  Teacher  Evangelist  Missionary  Apostle  Prophet  Other

Explain \_\_\_\_\_

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Are you a Licensed Minister?  Yes  No    Are you Ordained?  Yes  No

If you are Licensed Or Ordained who do you hold your credentials with and how long have you had them?

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What Minister or Ministry provided your most recent covering?

Name \_\_\_\_\_

Address \_\_\_\_\_

Are you in agreement with the Statement Of Faith and Qualifications for Covering and Covenant of VMA?  Yes  No

Please include a brief testimony describing your call to ministry (Use a separate sheet if necessary) \_\_\_\_\_

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If at any time I feel I can no longer agree with the attached statements and practices, I voluntary forfeit my membership and/or ministerial credentials received from V.M.A.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date