

Beth-El Fellowship of Visionary Churches Application Bishop Flanvis J. Johnson Jr.



Date Received:	Date Processed			
	(office use only)			
CHURCH INFORMATION				
Name:				
Address:				
City: State: Zip o	code:			
Phone: (Fax (-)			
Email:				
Website:				
PERSONNEL				
Senior Pastor's Name:				
Senior Pastor's Birthday://	Full time Part time			
Marital Status MarriedSingleDivorced	W <mark>idowed</mark> Widow			
Spouse's Name:				
Home Address:				
City: State:	Zip code			
Home Phone: () Cell F	Phone ()			
Email:				
EDUCATION				
Highest Grade completed in high school:9 th 10 th 11 th 12 th GED				
Highest level completed in college:YrsB.A./ B.SM.APHD.				
Name(s) of college/university:				

Name of Bible Institute/ seminary t	training:
City: St	rate: Certif. /Degree(s):
PRIOR MEMBERSHIP STATUS	
Church membership prior to senior	pastor:
Year ordained: Denom	ination affiliation of ordination:
Current denomination/ affiliation:	TR OF I
CHURCH DATA	
Date church was organized:	Church denomination:
Number of Members:	Average Sunday A.M. attendance:
Sunday service times:	
Midweek service days and times:	
Current number of Staff:	
Please list current active ministries	

Thank you for completing this application. Upon receipt of this application, you will be contacted to schedule a personal meeting a Beth-El representative soon.