



PO Box 471407
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AFCM Affiliate Bible School Level One Application

General Information

School Name _____

Date of Application _____

Location of classes _____

Ministry/Church Affiliation

Address _____

Phone # _____

Pastor _____

Fax # _____

Address _____

E-mail _____

Phone # _____

Director of Bible School

Mailing Address

AFCM member?

Yes

No

Address for UPS shipments

If no, with whom do you hold your ministerial
credentials? _____

Projected Enrollment _____

Contact Person (if other than Director)

Projected Start Date _____

Projected Ending Date _____

How did you hear about AFCM Affiliate schools? _____

Vision

Please briefly state the vision for your Affiliate Bible School:

Statement of Truth

I acknowledge that I agree with the Tenets of Faith and Ministerial Ethics set forth by AFCM. I hereby state my willingness to submit to the spiritual authority and guidelines of AFCM. If at any time I feel I can no longer agree with the beliefs and practices of this organization, or if it is requested by those in authority for any reason, I will forfeit and return all Bible School materials. I hereby state that all the information contained on this application is correct and true. If AFCM is notified that any of the information contained on this application is false, it will be grounds for immediate dismissal.

Signature _____ Date _____

Do not write below this line:

Approved Disapproved

Signature _____ Date _____