

HEADQUARTERS

813 E. Market St. York, PA 17403

717.854.1220 EXT: 23



Rev. Dr. Stephen D. Rambler, Ph.D

Founder, President & Bishop

HIAP.ORG

APPLICATION FOR MINISTRY AFFILIATION

Instructions: This application must be completed in duplicate and signed by the President/Pastor and secretary. A copy of the ministries constitution, bylaws, statement of faith, certificate of incorporation (if incorporated) and an application fee of \$150 should be included.

The President/Pastor MUST be a member of the HIAP.

MINISTRY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ ST: _____ ZIPCODE: _____

PHONE NUMBER: _____ EMAIL: _____

WEBSITE or FACEBOOK PAGE: _____

CHURCH EIN NUMBER: _____ STATE ISSUED: _____

PRESIDENT/PASTOR: _____

PHYSICAL ADDRESS: _____

CITY: _____ ST: _____ ZIPCODE: _____

PHONE NUMBER: _____ EMAIL: _____

TREASURER/SECRETARY: _____

PHYSICAL ADDRESS: _____

CITY: _____ ST: _____ ZIPCODE: _____

PHONE NUMBER: _____ EMAIL: _____

IS THIS MINISTRY INCOPORATED? _____ If so, when? _____

DOES THIS MINISTRY HAVE A CONSTITUTION? _____ BYLAWS? _____

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HERITAGE
INTERNATIONAL ASSEMBLY
OF PENTECOSTALS

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DOES THIS MINSITRY KEEP A RECORD OF FINANCES AND MINUTES? _____

(This is required by the Internal Revenue Service for tax exemption)

STATEMENT OF SOVEREIGNTY: *This body is and always shall remain only and solely a medium through which churches, ministry affiliations and ministers may work together with each other, promoting the work and objective set forth in its constitution. It has not, to any degree, and shall never attempt to exercise authority over any church, association or minister, but shall recognize their sovereignty under one sovereign, Jesus Christ our Lord.*

ARE YOU IN AGREEMENT WITH OUR STATEMENTS OF SOVEREIGNTY? _____

WILL YOU DO YOUR BEST TO BE AN ACTIVE PART OF THIS FELLOWSHIP? _____

Presidents/Pastors Signature: _____ **Date:** _____

Secretary's Signature: _____ **Date:** _____

HIAP SPONSOR NAME: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Received: _____

Approved: _____

Charter: _____

Receipt: _____
