Application for Partnership

☐ **Church** ☐ **Ministry** ☐ **Business** ☐ **Individual** ☐ **Couple**

Type of Membership Desired:

_____ **Full Partnership:** HarvestNET will be your primary network affiliation and you desire a relationship of full involvement, including accountability and oversight.

_____ **Associate Partnership:** Our primary oversight is _____

Your Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email address _____

Church or Ministry Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Telephone. _____ Fax: _____

Your Home Church: _____

Pastor or Sr. Leader: _____

Describe your ministry or church and its vision: _____

_____

_____

_____

Why are you interested in joining HarvestNET? _____

_____

_____

_____

Are you willing to support the annual HarvestNET leadership conference personally and help promote some of its other events within your sphere of influence? _____

Are you interested in receiving input or ministry from a HarvestNET 5-fold ministry team as needed? _____

Are there current needs that HarvestNET could help you with? _____

_____

_____

Is your church or ministry willing to contribute financially, as able, to HarvestNET?

_____

Do you or your leaders need credentials (license or ordination) from HarvestNET?_____

Describe any way that you see your church or ministry could serve HarvestNET and its partner churches and ministries? _____

_____

_____

HarvestNET's liability insurance does not cover partner ministries or ministers. Do you have a liability insurance policy?

☐ Yes ☐ No

I give my permission to publish my name, church/ministry name, address, phone number, and website details on the HarvestNET website.

☐ Yes ☐ No

Partner minimum contribution amount due: $200.00