

# Application for Partnership

Church or Ministry

Individual or 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: \_\_\_\_\_

Church or Ministry Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

Partner minimum contribution amount due: \$120.00