

The logo for Life Changers Ministries International features the word "Life" in a large, golden, serif font with a green leaf on the dot of the 'i'. Below it, "CHANGERS" is written in a smaller, golden, serif font. Underneath that, "MINISTRIES INTERNATIONAL" is written in a small, black, sans-serif font. At the bottom, the tagline "A Great Place To Call Home" is written in a golden, cursive font. A blue horizontal line is positioned between "CHANGERS" and "MINISTRIES INTERNATIONAL".

Life  
CHANGERS  
MINISTRIES INTERNATIONAL  
*"A Great Place To Call Home"*

Dear Prospective Owner,

Thank you so much for your interest in becoming an owner of Life Changers Ministries International. Our vision is to holistically empower people to positively impact and influence every sphere of society with the message, authority and power of the Kingdom of God.

Our mission is to strengthen the weak, heal the sick, restore the broken, heal hurts and reach the lost.

Life Changers is a place where you can grow, find your purpose and be empowered in every area of your life.

Within this ministry, you will have the opportunity to experience all that God has for you through fellowship, worship and ministry of the word.

Once again, thank you for your interest and we do look forward to extending the right hand of fellowship to you.

If I can be of further assistance to you, please feel free to contact the church's office at 362-1170/3.

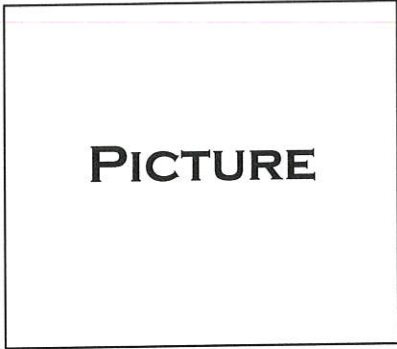
Sincerely yours,

*Apostle Valentino Williams*

Pastor

## Requirements for Ownership

1. Must attend services regularly for at least three months.
  2. Fill out both interview and the ownership forms and return them to the church's office or to the church's secretary. A minimum of two weeks prior to the date of the class is required. **(Please do not wait until the date of the class to turn them in.)**
  3. Please attach one passport photograph of each member of the family for our file.
  4. If you are an ordained minister, you will be required to obtain a letter from your former pastor. In addition, all ministerial credentials must be presented with authentic seals.
  5. Attend ownership class. (TBA)
  6. Attend the 'one on one' information exchange session with senior pastor.
  7. Official presentation, welcome and acceptance to the local body.
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Ownership Application Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (M or F) Date of Birth: \_\_\_\_\_ Nationality \_\_\_\_\_  
Day/Mon/Year

Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Who to contact in case of Emergency  
Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

What is your level of Education? I have successfully completed: College \_\_\_\_\_

High School \_\_\_\_\_ Technical & Vocational \_\_\_\_\_ Other \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Anniversary Date \_\_\_\_\_  
Day/Month/Year

How many children do you have \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Place of Employment \_\_\_\_\_ Location \_\_\_\_\_

Church History: (Please list churches you've been affiliated within the past three years)

Church Name: \_\_\_\_\_ Year: \_\_\_\_\_

Church Name: \_\_\_\_\_ Year: \_\_\_\_\_

Church Name: \_\_\_\_\_ Year: \_\_\_\_\_

(Please fill out form and return to office, see flip side)



# Ownership Interview Form

1. Are you a Christian? Y \_\_\_ N \_\_\_ If yes, how long? \_\_\_\_\_

2. Have you been water baptized? Y \_\_\_ N \_\_\_ If yes, When? \_\_\_\_\_

3. How did you hear about Life Changers?

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4. When was your first visit to Life Changers?

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5. What is your reason for leaving your former church?

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6. Did you inform your pastor that you were leaving to go to another ministry?

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7. Why do you want to become an owner of L.C.M.I?

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8. Where do you see yourself in terms of ministry over the next five years?

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9. What are some of your dreams or aspirations you would like to see accomplish in your lifetime?

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10. What giftings do you have that can be used to enhance this organization?

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11. What are your hobbies or interests?

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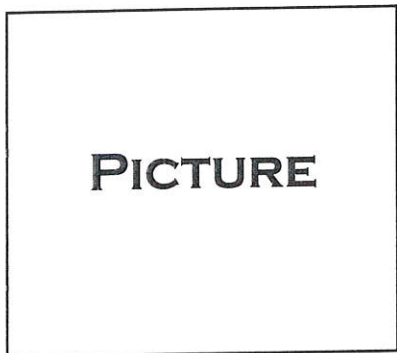
## **For Office Use Only**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Notes: \_\_\_\_\_

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PICTURE

Children's Ownership Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Surname First Middle

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (M or F) Date of Birth: \_\_\_\_\_  
Day/ Month/Year

Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Who to contact in the case of emergency?

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

What school do you attend? \_\_\_\_\_

What grade are you currently in? \_\_\_\_\_ Expected Graduation date? \_\_\_\_\_

T-Shirt size \_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Notes: \_\_\_\_\_

