



# **ON-TIME MINISTRIES, INCORPORATED**

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## **A 501(C)3 EVANGELISTIC MINISTRY**

### **BOARD OF DIRECTORS MEMBERSHIP APPLICATION**

**BOTH PAGES 1 AND 2 MUST BE RETURNED TO HAVE APPLICATION CONSIDERED**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

PHONE NUMBER(S):

Home/Cell \_\_\_\_\_ Business \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

CHURCH TELEPHONE: \_\_\_\_\_

PASTOR NAME: \_\_\_\_\_

DENOMINATION: \_\_\_\_\_

NAME OF EMPLOYER OR SCHOOL: \_\_\_\_\_

OCCUPATION OR POSITION: \_\_\_\_\_

PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_

COMMUNITY INVOLVEMENT HISTORY: \_\_\_\_\_

AWARDS: \_\_\_\_\_

REASONS FOR YOUR INTEREST TO SERVE ON THIS BOARD: \_\_\_\_\_

ACTIVITIES OF OTMI THAT YOU MIGHT HAVE A PARTICULAR INTEREST IN:

**(Please check all that apply)**

\_\_\_\_ PROGRAMS      \_\_\_\_ COMMUNITY RELATION OUTREACH      \_\_\_\_ FUND RAISING  
\_\_\_\_ NURSING HOME MINISTRY      \_\_\_\_ REVIVALS      \_\_\_\_ STRATEGIC PLANNING  
\_\_\_\_ PRISON MINISTRY      \_\_\_\_ FINANCES & RESOURCES      \_\_\_\_ HELPS MINISTRY  
\_\_\_\_ FACILITIES IMPROVEMENT OUTREACH      \_\_\_\_ OTHER ( \_\_\_\_\_ )

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

	QUESTION	YES	NO
1.	Do you accept the Lord Jesus Christ as your personal Savior?		
2.	Are there any impediments or restrictions that you know of which will prevent you from fully participating in the crusades and activities of ON-TIME MINISTRIES, INC.? If so, describe below (use extra paper if needed):		
3.	Will you be governed by the bylaws and regulations of OTMI?		
4.	Are you willing to publicly give a testimony, participate in worship, lead in prayer, or preach?		
5.	Are you willing to financially contribute \$150.00 annually to help support OTMI?		
6.			

Please attach your resume, if available. If the Board of Directors approves your application for membership, you will need to provide your date of birth (month, day, and year).

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

(PLEASE RETURN THIS FORM TO REV. CHUCK DAVIS JR. WITHIN 30 DAYS OF RECEIPT)