

# ADIIM MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Phone:	e-mail:	Cell:
permanent address:		
City:	State:	ZIP Code:

## MINISTRY INFORMATION

Current Church or employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

## MINISTRY STANDING INFORMATION

<input type="checkbox"/> CC(DoC) <input type="checkbox"/> UCC <input type="checkbox"/> OTHER		
Region/Judicatory in which you have standing:		Phone:

## EDUCATIONAL INFORMATION (PLEASE FILL IN ALL THAT APPLY)

Seminary:		
Dates Attended	Degree:	City and State:
Seminary:		
Dates Attended	Degree:	City and State:
The Fundamentals of Transitional Ministry or it's equivalent*:		
Dates Attended	Instructor:	City and State:
The Intentional Interim Minister or it's equivalent:		
Dates Attended	Instructor:	City and State:
The Intentional Interim Minister Field Work or it's equivalent:		
Date Completed	Mentor:	City and State:
PTS (Professional Transition Specialist):		
Date Completed		
Boundaries Training:		
Date Completed	Instructor:	City and State:
Additional Educational Information:		
Dates Attended	Hours:	City and State:
Additional Educational Information:		
Dates Attended	Hours:	City and State:

\*Not required if course work was taken prior to this being offered by the Interim Ministry Network, Inc.

## REFERENCES

Name	Address	Phone
(Judicatory)		
(Peer)		

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## SIGNATURES

I authorize the verification of the information provided on this form. By signing this application I agree that I have read and will abide by the standards of Intentional Interim Ministry of The Association of Disciples Intentional Interim Ministers.

Signature of applicant:

Date:

## MAILING ADDRESS

Please Enclose your Annual membership Dues of \$50. Please make your Checks payable to Ozarks Lakes Area and put ADIIM Membership in the memo line of your check.

And mail to  
Association of Disciples Intentional Interim Ministers  
OLA-CCMA  
500 South Avenue  
Springfield, Missouri 65806-3102

## RESOURCE SHARING

If you have any special Training, Skills, Resource and/or Experiences and are willing to share them with other members of ADIIM please fill out the below form. (Access to this information will be strictly for the use of ADIIM members and will not be shared with any other outside source.)

Briefly Describe Training, Skill, Resource, and/or Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Method of Contact (i.e. e-mail, phone, time and day) \_\_\_\_\_