

**D.C.M.I.**  
**Apostolic Network**  
**Destiny Churches & Ministries International**  
**740 N.70<sup>th</sup> Street**  
**Lincoln, Ne. 68505**  
**402.489.5400 [www.DCMIAN.COM](http://www.DCMIAN.COM)**

**Requirements, for [Individual and or Intercessory Partner](#), within Destiny Churches & Ministries International.**

**1. Salvation**

That you have a testimony to have experienced the new birth according to (John 3:5).

**2. Baptism in the Holy Spirit**

That you have a testimony to having received the baptism in the Holy Spirit with the initial physical evidence of speaking in other tongues according to Acts 2:4. The Spirit-filled life will enable a minister to fulfill the call placed on their life.

**3. Christian character**

Have a blameless Christian life and a good reputation with those outside the church (Titus 1:7; 1 Timothy 3:7).

**4. Commitment to the Network.**

You must have an active loyalty to the Network, a cooperative spirit.

**7. Supporting D.C.M.I. through your prayers and finances.**

We ask that you sow into D.C.M.I. on a monthly basis through your prayers and finances.

***Destiny Churches & Ministries International Apostolic  
Network Partnership Application***

**Make certain the following are finished for a complete application:**

**Completed & signed application**

**Recent photo, if possible**

**[Individual and or Intercessory Partner](#),**

**Please complete this application by typing or printing clearly**

Name (First, Middle, Surname)

Street Address

City, State, Zip Code and Country

Phone number: (please include area or country code) Fax number

Cell Phone: (please include area or country code)

Email address:

Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M or F, Race: \_\_\_\_\_

Marital Status (circle one): Single/Married/Divorced/Widowed/Other

Spouses name: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have children? If yes, please give names and ages.

How did you hear about Destiny Churches & Ministries International Apostolic Network?

Why do you desire to become affiliated with D.C.M.I.A.N.?

Please give a brief description and history of you and your family.

How do you see yourself involved in advancing the Kingdom of God?

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Have you been actively engaged in regular ministry? Yes, No (circle one)

What Church are you currently actively involved?

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Address

Phone (please include area or country code) Person in charge (if other than yourself)

Website address:

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Briefly state how DCMIAN can help you walk fully in your destiny?

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Briefly describe your vision and destiny that God has called you to. What results have you seen pertaining to your destiny?

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Please give references of two persons who are in business or ministry who have known you for at least six months

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Submitting this application indicates that you agree with our purpose and faith statements. Destiny Churches & Ministries International expects you to do your best to be an ACTIVE, SUPPORTING member of the network.**

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

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