



# **MEMBERSHIP ENROLLMENT PACKET**

**ALLIANCE of COVENANT LEADERS WORLDWIDE (ACLW)**

WORLDWIDE HEADQUARTERS

7261 Hawkins View Drive, Fort Worth, TX 76132

His Grace, The Most Reverend Jonathan Ray Mitchell, Metropolitan and Chief Apostle

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Please email completed forms along with confirmation of remittance of non-refundable enrollment fee to [aclw.hq@gmail.com](mailto:aclw.hq@gmail.com).

**\$75.00/individual enrollment - \$90.00/couple enrollment - \$125.00/pastor & church enrollment**

Enrollment fee may be remitted via CashApp to **\$ACLWORLDWIDE**

**Completed forms and enrollment fee may also be returned by US Mail:**

**ATTN: ACLW Admin., 8336 Tucson Trail, Fort Worth, TX 76116 – PHONE: (817) 900-2668**

## ENROLLEE GENERAL INFORMATION - (Please Print)

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICIAL TITLE OR OFFICE:

- |                                   |   |                                    |
|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Bishop   | <input type="checkbox"/> Prophet/Prophetess | <input type="checkbox"/> Reverend  |
| <input type="checkbox"/> Apostle  | <input type="checkbox"/> Evangelist         | <input type="checkbox"/> Minister  |
| <input type="checkbox"/> Overseer | <input type="checkbox"/> Missionary         | <input type="checkbox"/> Deacon    |
| <input type="checkbox"/> Pastor   | <input type="checkbox"/> Elder              | <input type="checkbox"/> Bro./Sis. |

### ADMINISTRATIVE USE ONLY

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrollment Fee Received: ?  YES  NO

Enrollment Confirmation Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Card Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrollee's Name: (As to appear on official ACLW membership card.) \_\_\_\_\_

Enrollee's Church/Ministry: \_\_\_\_\_

Enrollee's Mailing Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**\*NOTE: ENROLLMENT CONFIRMATION AND ACLW WELCOME PACKET WILL BE SENT VIA EMAIL TO THE ADDRESS ON RECORD, SO PLEASE PROVIDE AN ACCURATE EMAIL ADDRESS THAT YOU FREQUENTLY CHECK. PLEASE CALL US IF YOU DO NOT RECEIVE YOUR ENROLLMENT CONFIRMATION WITHIN 3 WORKING DAYS OF YOUR ENROLLMENT COMPLETION.**

Enrollee's Spouse Name: (As to appear on official ACLW membership card.) \_\_\_\_\_

Is Enrollee Spouse in Ministry?  YES  NO Official Title/Office: \_\_\_\_\_ Licensed/Ordained?  YES  NO

Positions Held in Ministry: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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Is Primary Enrollee the Senior Pastor of the Above Church/Ministry?  YES  NO

Church/Ministry Size:  1-50  51-100  101-300  301-500  501-700  701+

Church/Ministry Website: \_\_\_\_\_

Is Enrollee presently a member of another organization, fellowship or reformation?  YES  NO

If yes, what other organization(s) is enrollee presently actively involved in? \_\_\_\_\_

Is enrollee the Presider or Establishmentarian of the organization(s)  YES  NO

Do you presently hold any leadership positions in the organization(s)? If so, what positions?  YES  NO

\_\_\_\_\_

**EPISCOPAL & APOSTOLIC AUTHORITY:**

If a Bishop or Apostle, year of consecration or affirmation: \_\_\_\_\_

Consecrated or affirmed through what organization? \_\_\_\_\_

Can you provide ACLW with verification of your Episcopal Proclamation or Apostolic Affirmation?  **YES**  **NO**

Are you seeking credentialing through ACLW's Conference of Bishops & Apostles?  **YES**  **NO**

**ENROLLMENT CLASSIFICATION:**

I am enrolling as a member of ACLW with the following classification: (Please check only one.)

- Pastor/Leader Only
- Pastor/Leader & Spouse
- Pastor & Church/Ministry
- Individual Minister or Elder
- General Assembly/Non-Clergy
- Missionary or Evangelical Organization
- Individual Subscriber/Monthly Partner

Are you interested in serving in a leadership capacity with ACLW?  **YES**  **NO**

**ENROLLMENT ACKNOWLEDGEMENT**

By completing this document, I acknowledge that the information provided on this enrollment form is to identify my ministerial associations, to request admittance as a covenant member of Alliance of Covenant Pastors Worldwide (ACLW). I further acknowledge that ACLW has my express permission to verify the accuracy of any of the information provided in this enrollment form, including the verification of credentials, episcopal or apostolic authority, or any other clerical status as deemed necessary by ACLW. I further understand that, in no form or fashion is this to serve as a mandatory requirement for acceptance as a member of ACLW, however the expectancy to provide a completed enrollment packet is necessary for my acceptance as a covenant leader in the alliance. I further acknowledge and understand that after the reception of my enrollment form, that I will undergo a vetting process that will include a telephone interview by an ACLW vetting representative. By signing this enrollment form, I attest that I believe in the vision and standards set forth by ACLW as their operational principals and resultantly request membership.

Signature of Primary Enrollee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse/Secondary Enrollee \_\_\_\_\_ Date \_\_\_\_\_

Approved by ACLW \_\_\_\_\_ Date \_\_\_\_\_



**WELCOME to ACLW**



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## ACLW MEMBERSHIP COVENANT

I confess that Jesus Christ is my Lord and Savior,  
And I rely completely on His gift of salvation  
for right standing with God and eternal life.

I believe the Holy bible is the Word of God  
and I declare my intention to keep God's commandments.

I believe in one holy universal Church under  
the rulership of Jesus Christ and I believe that at this time  
the ALLIANCE of COVENANT LEADERS WORLDWIDE (ACLW)  
is an authentic representation of this universal church known  
as the Body of Christ, and furthermore, is the place God wants  
me to share in covenant, participate in the execution of true Kingdom ministry,  
and to experience organic fellowship with like-minded individuals.

I therefore believe in the mission and vision of  
ALLIANCE of COVENANT LEADERS WORLDWIDE,  
and I commit myself to submit to the godly and integral leadership  
of its Metropolitan and ACLW senior leaders.

I further commit to participate actively in the fellowship  
of the establishment, and to support ACLW with my gifts,  
talents, finances, and resources for the purpose of corporately  
pursuing to accomplish and advance  
the mandate set forth in the mission and vision of ACLW.

**NOTE: Pastors and leaders uniting with ACLW along with their churches and ministries remain autonomous from ACLW and are only uniting their churches and ministries as a source of support to the aims and efforts of ACLW, and for the benefit of receiving the available resources offered via the platform provided by ACLW to enhance ministry progress.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Member's Signature \_\_\_\_\_  
(Primary Enrollee)

Member's Signature \_\_\_\_\_  
(Spouse/Secondary Enrollee)

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_