



4 CORNERS ALLIANCE

APPLICATION FORM

Application Requirements

Having a call of God on your life to extend His Kingdom, make disciples, and set the captives free, return the completed application along with the non-refundable \$100 fee; provide two recommendations as shown below, neither of which are from family members.

Attach a current photo (head and shoulders only). If you and your spouse are both applying, two separate applications must be completed with individual photos. If emailed, photo needs to be in a .JPEG format.

Ministry Recommendation	To be completed by your pastor or a credentialed minister that has known you for 3 or more years.
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Personal Recommendation	To be completed by a friend or someone who has known you for 3 or more years.
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Ministry and Personal recommendations must be sent directly to: Joan Hunter Ministries/Hunter Ministries. These recommendations are confidential. **They must be returned to us by the one supplying the recommendations.** Applications and recommendations are not to be sent to us together. Please send to 4ca@joanhunter.org . If no email capability, please fax to 281-789-7497 or mail to PO Box 777, Pinehurst, TX 77362.

Checklist and Requirements:

- Two Photos
- Application
- Ministry and Personal Recommendation Forms
- Application Fee (non refundable)
- Annual Fee (every calendar year)
- Read all four of Joan's books** (Healing the Whole Man, Power to Heal, Healing the Heart, and Healing Starts Now).
- Watch the Healing School DVDs or preferably attend Joan's healing school in person.

4CA membership involves an initial investment of \$200

- A ONE TIME fee of \$100 to process your application and establish your record (to be paid at the time of registration).
- \$100 annual dues – (4 month payment plan, available upon request).

To maintain your 4CA membership, annual dues of \$100 are due January of each year.



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Personal Information					
Full Name	Title:	Last:	First:	M.I.:	Maiden Name:
Street Address:		Apt/Unit #:	City:	State:	ZIP: Country:
Home Phone:		Fax:	Mobile Phone:	Skype:	
E-mail Address:			Website:		
Gender: Female Male	Date of Birth:	Marital Status:		Spouse's Name:	
• <i>If currently engaged, please send written confirmation once married to update our records.</i>					

Church Affiliation and References			
Name of Church you Pastor/Attend:		Length of time attended (years):	
Your Senior Pastor:	Church Phone:	Fax:	Website:
Church Address:		City:	State: Zip:

Personal Ministry/Character References			
<i>(Please identify someone other than a family member whom you have known for more than a year.)</i>			
Name:	Phone:	Mobile:	
Address:	City:	State:	ZIP:
Name:	Phone:	Mobile:	
Address:	City:	State:	ZIP:
Name:	Phone:	Mobile:	
Address:	City:	State:	ZIP:

Your Spiritual Journey		
Date Saved:	Raised in a Christian Home? Yes No	Date Baptized by Immersion:
Briefly relate your conversion experience:		Understanding that a minister of the Gospel must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder your ministry at this time? Yes No If yes, please explain
Date Baptized with Holy Spirit with evidence of speaking in tongues:		Have you read Joan's required books? (Healing the Whole Man, Power to Heal, Healing the Heart, and Healing Starts Now) Yes No
Are you familiar with the ministry of Apostle Joan Hunter or her parents?		Yes No
Have you read any of her or her parent's materials, or listened to their CDs or viewed their DVDs?		Yes No



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Your Vision

In an effort to understanding your vision concerning your ministry, please describe your vision in a one-page typed essay.



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Highest Education Attained		
<i>List the highest level of educational institution attended and highest degree/level earned.</i>		
Name of School:	Date:	Degree/Diploma/Major

Your Ministry	
Do you have a call of God on your life to enter the full-time ministry? Yes No	
If yes, please explain God's leading and direction in your life in the box below (or on the back):	
Are you presently or have you ever been ordained? Yes No	Name of organization
Identify the area(s) of five-fold ministry, according to Ephesians 4:11, in which you are called by God.	
I agree with the Statement of Faith? Yes No (See www.joanhunter.org)	
Explain why you want to join and how 4 Corners Alliance can help you in the marketplace or in ministry:	

Statement of Truth

I understand all items submitted to Joan Hunter Ministries and Hunter Ministries are part of the application process; becoming the permanent property of Joan Hunter Ministries/Hunter Ministries and will not be returned. This application will be held in confidence. Only those persons with a need to know will review it.

I grant permission to Joan Hunter Ministries/Hunter Ministries and its leadership to verify the information provided on this application. I hereby state that all the information contained on this application is correct and true. If Joan Hunter Ministries/Hunter Ministries finds that any of the information contained on this application is false, it will be grounds for immediate cancellation and revocation.

Signature _____ **Date:** _____

Be sure to review your application before sending. Applications will not be processed until all required documents are received.

For Office Use Only			
Approved:		Not Approved:	
Authorized by:		Date:	

Joan Hunter Ministries PO BOX 777 Pinehurst, TX 77362 Phone (281) 789-7500 Fax: (281) 789-7497 Email: 4ca@joanhunter.org