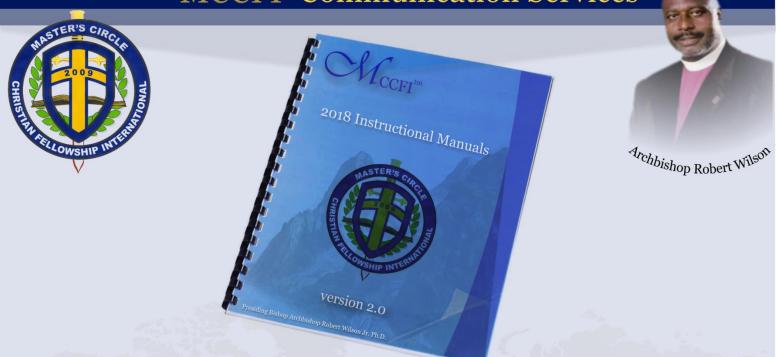
## $\mathbf{MCCFI}^{\mathrm{tm}}$ Communication Services



## **INSTRUCTIONAL GUIDELINES** for

# APPLICATION

version 2.0

www.masterscircle.org

47410 Lyard Road • Lexington Park, Maryland 20653 • Tel (301) 996-6260 • Fax (204) 317-2050

## **MCCFI<sup>tm</sup> Communication Services**



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#### SUMMARY

The Application web interface or plug-in has been made available for potential candidates seeking Fellowship opportunities for themselves and/or their ministries.

If you experience any challenges when using the Application web interface or plug-in, please send an e-mail to <u>application@masterscircle.org</u>, <u>technology@masterscircle.org</u> or <u>webmaster@masterscircle.org</u>.

#### STEP **0**

- 1. Enter all required **Personal** information to complete the application successfully.
- 2. A print version is available for faxing when necessary. http://www.masterscircle.org/application

1 Personal	2 Association	3 Ministry	4 Membership	5 Fee
D PDF Print Ve	ersion			
💄 About You				
O MCCFI™	ation ID: MCCFI-	APPID 5076078	71008.048	
First Name	ation in. Meeri-	Last N		Age
<b></b>		-		-
Address		Suite	/ Apartment	
City		State		
*		*		
Zip Code		Email	1	
*			your@email.com	
Telephone		Count	United States	~
RESET				NEXT

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#### STEP 2

- 1. Enter your spouse information as required within the **Association** tab.
- 2. The Association information is **OPTIONAL**.

1 Personal	2 Association	3 Ministry	4 Membership	5 Fee
🐣 About You	ır Spouse			
First Name	<u>r</u>	Last Name		Age
4		4		4
RESET			PRI	EV NEXT

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## $\mathbf{MCCFI}^{\mathrm{tm}}$ Communication Services



#### STEP 6

1. Share with us information about your **Ministry** or ministry association.

1 Personal	2 Association	3 Ministry	4 Membership	5 Fee
🛔 Your Mir	iistry			
Church / Ministr	y Name		Organized	
A		<b></b>		
Senior Pastor Fir	st Name	Senior	Pastor Last Name	
<b>A</b>		4		
Address		Suite	Apartment	
A		A		
City		State		
A		A		
Zip Code		Email		
ĥ			ministry@email.com	
Country	Ch-h	Telepl	ione	
United				
Membership Size	2		ry Anniversary	
n -	Dete	A Note	Minister	
Pastoral Tenure I	Date		Ministry	
Authored Books	& Matariale	A Other	Ministries	
	o, marci idis	Å	WIIII MICS	
		n		
RESET			PR	EV NEXT

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## $\mathbf{MCCFI^{tm}}\mathbf{Communication}\ \mathbf{Services}$



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#### STEP **4**

1. Provide us with your **Billing** information for pending MCCFI<sup>™</sup> Fellowship **membership** access to resources.

1 Personal 2 Associat	tion 3 Ministry	4 Membership	5 Fee
曫 Your Membership			
Click <u>here</u> to use Personal informat	tion.		
Credit Card Billing Information	n below.		
First name	Las	t name	
Le First Name	6	Last Name	
E-mail Address	Tel	ephone	
your@email.com	و	• Telephone	
Billing Address	Zip	Code	
Billing Address	٦	Zip Code	
City	Cou	intry	
City	6	United States	~

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## **MCCFI<sup>tm</sup> Communication Services**



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#### STEP 6

- 1. Select a **Fee** Type of *Bishop*, *Pastor* or *Minister* to determine your fee amount.
- 2. Now, you may submit your application.

Personal 2 Associa	ation 3 Minist	ry 4 Membership	5 Fee
Your Fee			
MCCFI <sup>™</sup> Application Fee	is non-refundable.		
P 21 1			
E-mail has been sent for yo	our review and to sub	mit your Fellowship Appli	cation Fee.
<b>r E-mail has been sent for y</b> o		mit your Fellowship Applie Fee Amount	cation Fee.

- 3. You will need to confirm your e-mail address in order to complete your initial application process.
- 4. Upon submission of your application, you will have the option to monitor the progress of your application.
- 5. If you are experiencing challenges with your application or need assistance, please send an email to <u>application@masterscircle.org</u>.

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