ABA FOUNDATION MINISTERIAL FELLOWSHIP

Dr. Kiyimba Joseph currently offers membership in the Ministerial Fellowship of ABA Foundation Ministries International. This fellowship was established for men and women, of like faith, to have the opportunity to acquire ministering credentials.

The credentials offered are at three different levels:

- Christian Workers
- License
- Ordination

For further information, you can contact us at: aba_charity@yahoo.com

Click on below to acquire an application for membership or renewal form. There are five different sections to the membership application. Print out all five sections, fill out and mail to:

ABA Foundation International
Ministerial Application Dept.
P.O. Box 70592 Clock Tower
KAMPALA UGANDA.

- ABA Ministerial Application - PART #1
- ABA Ministerial Application - PART #2
- ABA Ministerial Application - PART #3
- ABA Ministerial Application - PART #4
- ABA Ministerial Application - Agreement of Affiliation
- ABA Ministerial Application Renewal Form
ABA MINISTERIAL APPLICATION FOR LICENSING WITH ABA MINISTRIES.  
Qualifications necessary to submit application for licensing by ABA Ministries.

All candidates applying for membership must give evidence of:
- **Born-again experience** John 3:3 Jesus answered and said unto him, Verily, verily, I say unto thee, Except a man be born again, he cannot see the kingdom of God.
- **A Spirit-filled life** Eph 5:18 And be not drunk with wine, wherein is excess; but be filled with the Spirit;
- **A divine call to the ministry** Titus 1:7 For a bishop must be blameless, as the steward of God; not self-willed, not soon angry, not given to wine, no striker, not given to filthy lucre;

All applicants for licensing:
1. Must show evidence of spiritual maturity and Godly character in their public and private lives
2. Must have been actively involved in the ministry of helps in service to their local Church
3. Must purpose to devote their life to the work of the ministry
4. Must attend ABA Ministerial Fellowship Conference annually.

Procedure for Applying for License Credentials:
1. Applicant must submit a signed copy of the ABA “Statement of Faith”
2. Applicant must submit a “Licensing Applicant Questionnaire”
3. Applicant must submit the “Letter of Recommendation” from their Pastor or Overseer and Two “Letters of Character Reference” from two people that can testify to the character and lifestyle of the applicant.
4. Applicant must enclose a non-refundable fee of $100.00 for U.S.A., Canada and London.
   $55.00 for all other countries - payable to ABA FOUNDATION
5. Applicant will be notified usually within 30 days of the decision made by ABA

Ministerial Ethics
1. All ministers shall be in agreement with ABA in matters of doctrine, conduct and ministry.
2. All ministers affiliated with ABA are expected to work and support ABA Programs and policies. Failure to do so may be cause for bringing review of their ministry and affiliation.
3. Ministers must submit no less than 4 quarterly reports per year to ABA. These reports should be submitted at the end of each quarter of the year. These reports should include the ways in which you have been effective for the work of the ministry, any new outreaches begun within that quarter and overall progress and vision of the ministry.
4. Ministers must renew their credentials on a yearly basis within the specified time in order to maintain affiliation. They must submit a completed “renewal application” and a non-refundable application fee of $100.00 for U.S.A., Canada, and London / $55.00 for all other countries per year.
5. Ministers must preach a minimum of 24 times per year or be actively involved in full time ministry such as a Music, Visitation, or Education Ministry, or be employed in a church staff/management position, or be engaged in one of the five-fold ministries, etc.
6. Ministers must attend at least one ABA Minister’s Conference per year (where applicable). Failure to do so will automatically result in review of the Minister’s credentials by the World Missions Board.

Termination of Credentials
1. Withdrawn: A minister who has elected to withdrawal himself from the Fellowship and there are no charges filed against him/her shall be listed as “withdrawn”.
2. Suspended: A minister may be suspended from the Fellowship because of failure to maintain a Godly lifestyle and testimony, or for a non-cooperative spirit.
3. A Minister who fails to renew his credentials with ABA will be automatically withdrawn.
ABA Foundation Ministerial Fellowship
APPLICATION FOR LICENSING WITH ABA. pg. 2

I am applying for: Christian Workers’ Identification Licensing Church Affiliation
(please check applicable boxes)

1. Full Legal Name: _________________________________________________________

2. Spouse’s name if married: ______________________________________________________

3. Current Mailing Address: ______________________________________________________

4. Email Address: _______________________________________________________________

5. Phone Number (if available):____________________________________________________

6. Fax Number (if available):______________________________________________________

7. Home Church: _______________________________________________________________

8. Your Pastor/Overseer’s Name, Address and Phone number (if available):

_____________________________________________________________________________

9. In what year were you born again? _______________________________________________

10. Give a brief history of your work in a local Church: _________________________________

______________________________________________________________________________

______________________________________________________________________________

11. Are you currently or have you ever been licensed or ordained with another Ministerial Association? If so, please give the name and time period in which you were affiliated with this Association: ___________________________________________________________________

11. a. If yes, what is your reason(s) for leaving? _______________________________________

12. Are you currently receiving financial support from any other ministry or organization?

______________________________________________________________________________

13. Explanation of current ministry:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

14. What are your reasons for wishing to become licensed and/or affiliated with ABA?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please be sure to include the following: “Applicant Questionnaire” “Statement of Faith”
“Letter of Recommendation” Two “Letters of Character Reference” Application fee
If you are also applying to become an Affiliate Church you must also include the:
 “Agreement of Affiliation, Re: Tithing”, along with this application.
Any application received incomplete will not be accepted for consideration.
1 Thessalonians 5:12
And we beseech you, brethren, to know them which labour among you, kjv

The word of God teaches us to “know those who labour among you”. As the leadership of ABA, we are held accountable by our Heavenly Father to know those who work with us in spreading the gospel of Jesus Christ.

PLEASE NOTE THAT THESE QUESTIONS ARE IN NO WAY MEANT TO EMBARRASS YOU, NEITHER WILL YOUR ANSWERS BE USED AGAINST YOU IN ANY WAY, OPPOSITE TO THE NATURE OF OUR LORD JESUS CHRIST.

YOUR ANSWERS WILL BE KEPT CONFIDENTIAL AND WILL BE PROVIDED ONLY TO THOSE NECESSARY ON MINISTRY STAFF. THIS IS NOT A PASS OR FAIL TEST THAT QUALIFIES OR DISQUALIFIES YOU FROM SERVICE, BUT OUR PRAYER IS TO NURTURE YOU AND BRING YOU INTO THE FULLNESS OF WHAT GOD HAS PLANNED FOR YOUR LIFE.

SINCERELY,
REV. KIYIMBA JOSEPH
PRESIDENT OF ABA FOUNDATION.

1. Do you currently smoke or use any tobacco products, such as cigarettes, snuff or chewing tobacco?__________________________________________________________

   a. How do you feel about a Christian using such products?__________________________________________________________

2. Do you currently drink alcoholic beverages?__________________________________________________________

   a. If so, how often? (explain)__________________________________________________________

   b. How do you feel about a Christian drinking alcoholic beverages?__________________________________________________________

   c. Have you ever been diagnosed or treated for alcoholism? and if so, when?__________________________________________________________

   d. Do you believe alcoholism is a natural medical disease or is it a result of demonic influence?__________________________________________________________
3. Are you currently taking any form of narcotics?
(please include those prescribed by a physician, explain-)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. How do you feel about a Christian using narcotics?
(This includes taking drugs by any means -smoking, needles, orally or other)
______________________________________________________________________________

5. Are you currently living with someone, to whom you are not married, but you do have a romantic relationship with them? ____________
   a. How do you feel about a Christian living in this type of relationship?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   b. How do you feel about a Christian having sex, outside the frame of marriage?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Have you ever been arrested? if so, explain
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
   a. Were you convicted of this or any crime?
   ____________________________________________________________

7. Are you currently or have you ever been treated by a psychiatrist or a psychologist?
______________________________________________________________________________
   a. If yes, explain
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   b. Who recommended this treatment?
8. What are your views on homosexuality and lesbianism?
______________________________________________________________________________
______________________________________________________________________________

a. Do you believe these are alternative lifestyles that are results of someone’s upbringing, a natural medical disease or as result of demonic influence?
______________________________________________________________________________
______________________________________________________________________________

9. What are your views on “tithing”?
______________________________________________________________________________
______________________________________________________________________________

a. Do you tithe?

b. Do you believe a Christian should tithe into their home church, or may they “sow” their tithe wherever they feel “led”?
______________________________________________________________________________
______________________________________________________________________________

c. Do you believe those in the five fold ministry should tithe? if yes, where should their tithe go?
______________________________________________________________________________
______________________________________________________________________________

10. Have you ever been divorced? if yes, what was the reason for this divorce?
______________________________________________________________________________
______________________________________________________________________________

a. How do you feel about divorce?
______________________________________________________________________________
______________________________________________________________________________

My signature states that I have read, understand and have truthfully answered each of these questions to the best of my ability.

Full Legal Name: ________________________________

Signature: ________________________________

Date: ________/_______/_______
ABA FOUNDATION MINISTRY

STATEMENT OF FAITH


WE BELIEVE... MAN, HIS FALL, AND REDEMPTION- MAN IS A CREATED BEING, MADE IN THE LIKENESS AND IMAGE OF GOD, BUT THROUGH ADAM'S TRANSGRESSION AND FALL, SIN CAME INTO THE WORLD, “FOR ALL HAVE SINNED, AND COME SHORT OF THE GLORY OF GOD.” “AS IT IS WRITTEN, THERE IS NONE RIGHTEOUS, NO NOT ONE.” JESUS CHRIST, THE SON OF GOD, WAS MANIFESTED TO UNDO THE WORK OF THE DEVIL AND GAVE HIS LIFE AND SHED HIS BLOOD TO REDEEM AND RESTORE MAN BACK TO GOD (ROM. 5 :14 ; ROM. 3:23 ; ROM. 3:10 ; I JOHN 3:8). SALVATION IS THE GIFT OF GOD TO MAN, SEPARATE FROM WORKS AND THE LAW, AND IS MADE OPERATIVE BY GRACE THROUGH FAITH IN JESUS CHRIST, PRODUCING WORKS ACCEPTABLE TO GOD (EPH. 2:8&9).

WE BELIEVE... ETERNAL LIFE AND THE NEW BIRTH- MAN’S FIRST STEP TOWARD SALVATION IS GODLY SORROW THAT WORKETH REPENTANCE. THE NEW BIRTH IS NECESSARY TO ALL MEN AND WHEN EXPERIENCED PRODUCES ETERNAL LIFE (2 COR. 5:17; 2 COR. 7:10; I JOHN 5:12; JOHN 3:3-5; ).

WE BELIEVE... WATER BAPTISM- BAPTISM IN WATER IS BY IMMERSSION, IS A DIRECT COMMANDMENT OF OUR LORD, AND IS FOR BELIEVERS ONLY. THE ORDINANCE IS A SYMBOL OF THE CHRISTIAN’S IDENTIFICATION WITH CHRIST IN HIS DEATH, BURIAL, AND RESURRECTION (ACTS 8:36-39 ; MATT. 28:19 ; ROM. 6:4 ; COL. 2:12).


WE BELIEVE... BAPTISM IN THE HOLY GHOST- THE BAPTISM IN THE HOLY GHOST AND FIRE IS A GIFT FROM GOD AS PROMISED BY THE LORD JESUS CHRIST TO ALL BELIEVERS IN THIS DISPENSATION AND IS RECEIVED SUBSEQUENT TO THE NEW BIRTH. THIS EXPERIENCE IS ACCOMPANIED BY THE INITIAL EVIDENCE OF SPEAKING IN OTHER TONGUES AS THE HOLY SPIRIT HIMSELF GIVES UTTERANCE (MATT. 3:11 ; JOHN 14:16,17 ; ACTS 1:8 ; ACTS 2:38,39 ; ACTS 19:1-7 ; ACTS 2:4).

WE BELIEVE... DIVINE HEALING- HEALING IS FOR THE PHYSICAL ILLS OF THE HUMAN BODY AND IS WROUGHT BY THE POWER OF GOD THROUGH THE PRAYER OF FAITH AND BY THE LAYING ON OF HANDS. IT IS PROVIDED FOR IN THE ATONEMENT OF CHRIST AND IS THE PRIVILEGE OF EVERY MEMBER OF THE CHURCH TODAY (MARK 16:18 ; JAMES 5:14,15 ;1 PETER 2:24 ; MATT. 8:17 ISA. 53:4,5).


WE BELIEVE... THAT “TITHING” IS A COVENANT BETWEEN GOD AND MAN MADE IN THE OLD TESTAMENT AND CONTINUED IN THE NEW TESTAMENT, STATING THAT A PERSON WILL HONOR GOD BY GIVING HIM THE FIRST TENTH OF ALL HIS INCREASE AND THAT THE TITHE BELONGS IN A PERSON’S HOME CHURCH. WE AGREE TO TEACH TITHING ON A CONTINUAL BASIS AS A NECESSARY ELEMENT IN EVERY CHRISTIAN’S LIFE, REGARDLESS OF INCOME, TO ENABLE THEM TO WALK INTO THE FULLNESS THAT GOD HAS PLANNED FOR THEM. (PROV. 3:9-10; MAL. 3:8-12; 1 COR. 16:2)

Signing this “Statement of Faith” declares that you have read, understand and are in agreement with all the statements made above, you agree to teach and abide by the same principles in your ministry and personal life, and you vow not to teach doctrine opposite of what is listed above.

Your name (printed):_________________________________________________________

Your signature:______________________________________________________________

Date:______/______/______
ABA Foundation Ministerial Fellowship

LETTER OF RECOMMENDATION

* To be completed by your Pastor or Overseer to give recommendation for the applicant listed below

Please understand that by completing this letter of recommendation, you are giving your word and signature stating that you personally know the background and lifestyle of the applicant and you believe them to be of Godly character and principles, showing evidence of a five-fold ministry call on their life and deserving to be licensed with ABA Foundation Ministerial Fellowship as a minister of the Gospel of Jesus Christ according to your experience with them.

Applicant’s name: ______________________________________________________
Applicant’s address: ____________________________________________________

Please give a brief history of your experience with the applicant. Give specific examples of how you personally have known their service to be proven and faithful to the Lord’s work and tell why you believe that they are deserving of this licensing.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

__________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Your name (printed): ____________________________________________________________
Address: ___________________________________________________________________
Phone/Fax #: __________________________________________________________________
Your signature: __________________________________________________________________
Date: _____________________

* Please attach a business card, if available
ABA Foundation Ministerial Fellowship
LETTER OF CHARACTER REFERENCE

* To be completed by a person not blood-related to the applicant listed below, unless in full time ministry

Please understand that by completing this letter of recommendation, You are giving your word and signature stating that you personally know the background and lifestyle of the applicant and you believe them to be of Godly character and principles, deserving to be licensed with ABA Foundation Ministerial Fellowship as a minister of the Gospel of Jesus Christ according to your experience with them.

Applicant’s name: ______________________________________________________
Applicant’s address: ___________________________________________________

Please give a brief history of your experience with the applicant. Give specific examples of how you personally have known their character to be one of honesty, integrity and dedication to the work of the Gospel of Jesus Christ.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Your name (printed): _____________________________________________
Address: _________________________________________________________
Occupation: ________________________________________________________
Phone/Fax #: _______________________________________________________
Are you a Christian? If so, how long? ________________________________
Name of your Church & Pastor: _______________________________________
Your signature: ____________________________________________________
Date: _____________________________________________________________
ABA Foundation Ministerial Fellowship

“Church Affiliation Page”

The following 2 pages are only required to be completed by those pastors desiring to bring their church into affiliation with ABA Ministries International and becoming an affiliate church.

I am applying for church affiliation and I want to:

☐ Change my church name to “ABA Worship Center” or
☐ I would rather keep our present church name
(Please check the appropriate box)

Affiliate Church Guidelines

All Affiliate Churches are required to submit quarterly tithing/offering and progress reports to our home office. You will be required to tithe to ABA bank account in your country on a monthly basis. A copy of the tithing receipts will need to be included in your quarterly reports. The tithe should be figured as 10% of your gross income, the amount before expenses or deductions.

Please understand if you would desire to become an affiliate church that our desire is to be a blessing to you, first spiritually, and also naturally as the Lord provides. There is no way that the amount of tithes that you would pay in, could ever be greater than the blessings that you would receive in return. Not only because of spiritual covering, but also because of where we are located in the United States, and the great difference in the economy.

Please understand that our motive is to be a blessing to you, but tithing is God’s principle that will allow you to walk into the full blessings of God in your life and in your ministry. Our ministry is very strict in the area of tithing because we will not allow the curse to come into our ministry. (Malachi chapter three explains this.)

As an affiliate church, you will have to adhere to the items mentioned above, but you will also reap great spiritual blessings as they flow down from the home office here in Kampala Uganda.

a. I agree to regularly teach the Word of God concerning tithes and offerings in my church services as follows:

THAT “TITHING IS A COVENANT BETWEEN GOD AND MAN THAT WAS MADE IN THE OLD TESTAMENT AND CONTINUED IN THE NEW TESTAMENT. IT STATES THAT A PERSON WILL HONOR GOD BY GIVING HIM THE FIRST TENTH OF ALL HIS INCREASE AND THAT THE TITHE BELONGS IN A PERSON’S HOME CHURCH. WE AGREE TO TEACH TITHING ON A CONTINUAL BASIS AS A NECESSARY ELEMENT IN EVERY CHRISTIAN’S LIFE, REGARDLESS OF INCOME, TO ENABLE THEM TO WALK INTO THE FULLNESS THAT GOD HAS PLANNED FOR THEM (PROV. 3:9-10; MAL 3:8-12; 1 COR 16:2)
b. I agree to keep accurate records of all tithes and offerings given to this church at all times, and I will report these totals to the home office of ABA on a quarterly basis. I understand that this report is due in the home office four times a year, *January 15th*, for the previous year OCT-NOV-DEC, *April 15th*, for JAN-FEB-MARCH, *July 15th*, for APRIL-MAY-JUNE, *October 15th*, for JULY-AUG-SEPT

c. I agree to take 10% of the total (before deductions) amount of tithes and offerings given each month to this church, and deposit them into the main bank account of ABA in my country. This money will be used to spread the Gospel of Jesus Christ within the country.

d. I agree to send the home office in Kampala Uganda a copy of the receipt, accurately showing the amount deposited into the main bank account of ABA in my country each month. I will include these receipts in my quarterly reports.

e. Please briefly explain why you would like your church to become an ABA. Worship Center or an affiliate church?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

f. Do you believe a church itself should tithe from the income that they receive from tithes and offerings?

________________________________________________________________________

g. Where do you believe the church itself should tithe?

________________________________________________________________________

________________________________________________________________________

h. Do you believe a pastor should tithe?

________________________________________________________________________

i. Do you believe the pastor should take the tithe as his salary or should it go to run the church and the pastor be paid a separate salary?

________________________________________________________________________

By signing this statement, I declare that I have read, understand, and am willingly in agreement with all the statements made above. I agree to abide by each of the items listed above.

Your name (printed):

________________________________________

Your present church name:

________________________________________

Your signature:

________________________________________

Date:

________________________________________
ABA Foundation International
Ministerial Association Membership Renewal—pg. 1

Personal Information
Name: ____________________________________________________________

Last         First         Middle

Home Address: _______________________________________________________________________________________
City: ___________________________________  State: _______________  Zip Code: _______________
Home Phone Number: ___________________________  Fax Number: ___________________________
E-mail Address: ________________________________________________

Church/Ministry Information
Your Church/Ministry Name: _______________________________________________
Address: _______________________________________________________________________________________
City: ___________________________________  State: _______________  Zip Code: _______________
Church/Office Phone: ___________________________  Fax Number: ___________________________
E-mail Address: ________________________________________________  Website: ___________________________

1. Please check your ministry emphasis at this present time.
   Apostolic  Prophetic  Senior Pastor  Associate Pastor  Youth Pastor
   Children’s Pastor  Evangelist  Missionary  Administrator  Chaplain
   Prison Minister  Teacher  Other: ____________________________________________________________

2. (Note: This question does not apply to those holding a Christian Workers Identification.)
   Have you fulfilled the preaching criteria of 20 or more times this year or are you actively involved in full-time ministry such as a minister of music, minister of visitation, minister of education, etc.: employed in a Church staff/management position, or engaged in one of the five-fold ministries (Eph 4:11) ? Please explain.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Briefly state the ways in which your ministry has been effective this year:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
ABA Foundation Ministries International
Ministerial Association Membership Renewal-pg. 2

4. Please list any personal or ministry related prayer requests that you may have:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. Are there any changes regarding your ministry that have taken place over the past year that we should know about?
______________________________________________________________________________
______________________________________________________________________________

6. Are you currently in fellowship with other ABA Ministerial Association members in your area and beyond? If so, who?
______________________________________________________________________________
______________________________________________________________________________

7. Are you currently receiving financial support from any organization or ministry? If so, please list their name and how often.
______________________________________________________________________________

8. Are you currently a member of any other ministerial fellowship or licensed or ordained with any other ministry? If so, please list them.

Name of Fellowship/Ministry: ________________________________________________________
Licensed    Ordained    Member of Fellowship
Comments: _________________________________________________________________

Name of Fellowship/Ministry: ________________________________________________________
Licensed    Ordained    Member of Fellowship
Comments: _________________________________________________________________

Any Additional Comments: _________________________________________________________

I have enclosed my annual renewal fee of $100.00 for U.S.A, Canada and London / $55.00 for all other countries.
Cash or Post Office Money Orders (which should be made out to: ABA Foundation.)
Please send to: ABA FOUNDATION P.O. Box 70592 KAMPALA, UGANDA

Signature: ___________________________  Date: _______________________