



**Fellowship *of*
Biblical
Counselors**

*Member
Application*

**Thank you for your support of the Fellowship of Biblical Counselors.
Please respond yes or no to each of the statements below.
Questions? email support@fbcounselors.com**

Applicant Affirmations

I have read and am in agreement with the FBC Statement of Faith and the FBC Statement of Practice. Yes No

I understand that if my application is accepted, I will receive a reply email with a link whereby I gain access to payment of \$100. I understand that after payment has been submitted I will gain access to the FBC website when I am logged on as an FBC Member, and that annual renewal notices will be emailed to me. Yes No

I understand that the annual renewal fee for an FBC Member is \$50.00, and that if I do not renew promptly, FBC Member status will be lost, and to again obtain FBC Member status I must resubmit the application including answers to all questions and the \$100.00 fee. Yes No

I understand that once I become an FBC Member if I so desire, I may apply for training with an FBC Training Center. Yes No

I understand that as an FBC Member, I may not claim to be an FBC Certified Biblical Counselor, and that certification requires fulfillment of requirements for FBC Biblical Counselor Certification. Yes No

Applicant Questions

Please answer the following questions, including Scripture references as needed. Should more space be required, please use a printed form.

1. Tell us about your personal relationship and how you came to faith in Jesus Christ.

2. What do you personally believe about the condition and need of humanity?

Applicant Questions Cont'd

*Please answer the following questions, including Scripture references as needed.
Should more space be required, please use a printed form.*

3. What do you personally believe about biblical counseling? What is the role of Scripture in? What is the role of the Holy Spirit?

4. What do you personally believe to be the role of psychology in biblical counseling?

5. What do you personally believe about the local church?

6. What are your goals or plans regarding biblical counselor training? Are you currently involved with an FBC Training Center? If so, please include the name of the Training Center Director.

Applicant Information

Title

Last Name

First Name

Date Of Birth

Mobile #

E-mail

An email address is required for each person, in order to access resources on the website fbcounselors.com. Please notify fbcsupport@fbcounselors.com immediately of any email address changes.

Address

Street Address

Address 2

City

State ZIP Postal

Country

Please provide the following information regarding your local church

Name of Church

Street Address

City

State ZIP Postal

Pastor's Name

Church website

By signing below you indicate that you have completed this form to the best of your knowledge, and that you have read and agree with the FBC Statements of Faith and Practice.

.....
Date

.....
Signature

Submission instructions:

Save and attach completed form via email to:

fbcsupport@fbcounselors.com

In the subject line, please type "FBC Member Application for your last name"

