

P.O. Box 33 * Northfield, MN 55057

APPLICATION FOR ORDAINED MINISTER TO JOIN OUR ORGANIZATION

		Date:				
Name:						
Address:						
City:				Zip Co	de:	
Cell No.:		Email Address:				
Date of Birth:		_Age:		Weight:	Height	:
Marital Status: Single Divorced					Date of C	
If separated, divorced or	remarrie	d, please	exp	lain:		
If married, please give y	our spous	se's name	e and	d cell phone nu	umber (intervie	w purpose):
Do you work secularly?	VES	N/				
Name of your church:						
Address:						
Are you a Pastor? YES		NO	\	ears as an ac	tive member:	
If your answer is yes, is	your chur	ch in the	proc	ess of affiliation	on? YES	_ NO
If your church is not in th	ne process	s of affilia	ation,	please explai	n:	

If you are not a pastor, please give the name of	your pastor:
If you are not the pastor of your church, explain	the ministry that you carry out:
If you are leaving an organization, please expla	in:
Why would you like to become a credentialed m	nember of our organization?
Have you read our Constitution and Bylaws	? Yes No If not, why?
If you were called to pastor, would you be willin	g to be sent elsewhere to pastor?
YESNO Classification of credential desired:	
Pastor	
Evangelist	
Missionary	
Ordained Minister	
Attach to this application an essay of at least 25	50 words sharing your vision for ministry.
Applicant's Signature:	Pastor's Signature:

FOR OFFICIAL USE:									
Date:									
Approved:	Denied:	Pending:	Credential Card No.:						

Note: This application will be submitted to the Board of Directors at its next quarterly meeting. All information will be kept confidential and will be for the exclusive use of our Movement. To facilitate the process, this application should include a copy of your ordination certificate, a copy of your credential from the previous organization, one 2x2 photo, and \$100.00 for annual fee (Article V, Constitution). We will request a criminal background check on your behalf.