

APPLICATION FOR MEMBERSHIP

1. Full Name _____ Home Phone (____) _____ Office Phone (____) _____
(First) (M.I.) (Last) Fax Number (____) _____ E-Mail _____
2. Address _____ P.O. Box _____
City _____ State _____ Zip+4 Code _____ - _____
3. Date of Birth _____ A citizen of what country _____ Social Security _____ - _____ - _____
4. Name & Relationship of Beneficiary _____
(For Death Benefits Purposes) Beneficiary's Address _____ Social Security _____ - _____ - _____
5. Marital Status: (Answer only one) Never Married _____ Married _____ Widowed _____ Divorced _____
Have you or your spouse ever been both divorced and remarried? _____ (If yes, a required supplemental application will be sent to you.)
6. If married, name of spouse _____ Spouse's Date of Birth _____
7. Give number of years of schooling: Elementary _____ High School _____ College _____ Seminary _____ Other _____
Name of School(s) granting degree(s) _____ Degree(s) _____
8. Class of credentials you are applying for: Evangelist _____ Licensed Minister _____ Ordained Minister _____ Associate Missionary _____
(The Ministerial Board reserves the right to determine the level of credentials to be granted.)
9. Date you were converted _____
10. What are your reasons for submitting this application? _____

11. Have you been baptized in water according to Matthew 28:19? _____ Date _____
12. Have you been baptized in the Spirit according to Acts 2:4? _____ Date _____
13. Where will your local church membership with the International Pentecostal Church of Christ be? _____
14. Type of ministry in which you are presently engaged: Lay Ministry _____ Pastoring _____ Evangelism _____
Christian Education _____ Foreign Missions _____ Home Missions _____
15. Number of years in ministerial work _____ Name offices held and kind of work done _____

16. Are you now in full time ministry? _____ (If not, list type of occupation for which you receive wages, salary or commissions.) _____
17. Number of hours worked in your occupation _____
18. Number of sermons or gospel services conducted during the past year _____
19. If a pastor, name and location of Church _____
20. List all organizations with whom you have held credentials _____

21. Do you now hold credentials with them? _____ Since dual credentialing is not an accepted practice, approval of this application is conditional upon your withdrawal from any credential granting organization.
22. Please indicate the applicable years you held the following credentials: Christian Lay Minister _____ Evangelist or Exhorter _____ Licensed Minister _____ Ordination _____
23. If ordained, with what organization? _____ Date _____
24. Were you ever dismissed from any organization? _____ If yes, explain fully _____
-
25. Will you attend Quarterly and General Conferences unless providentially hindered? Yes _____ No _____
26. Will you contribute your tithes and offerings to the support of the I.P.C.C. as required in the Bylaws? Yes _____ No _____
27. Do you fully understand that failure to pay tithes on all ministerial and secular income to the General Conference disqualifies you for renewal of credentials? Yes _____ No _____
28. Give name, address, and phone number of your pastor and 2 unrelated ministers or church officials that have known you for 3 years or more, to whom we can look for recommendation.
1. _____
 2. _____
 3. _____

I, the undersigned, do certify that the above information is correct to the best of my knowledge and do hereby commit my faithfulness to God through ministry in the I.P.C.C. by my loyalty to fully tithe on both ministerial and secular income, report, and represent an upright testimony in my speech, walk, and deeds. I understand my credentials will automatically terminate whenever I act or advise others to act contrary to the good of both the gospel and the I.P.C.C.

I authorize any references or churches listed in this application or otherwise obtained to give you any information (including opinions) that they may have regarding my character or fitness for all facets of ministry. In consideration of the receipt and evaluation of this application by the I.P.C.C., I hereby release any individual, church, record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information. I waive any right that I may have to inspect any information provided about me with the understanding that no apparently sensitive information will be released beyond the credentialing and renewal process.

I authorize the obtaining of a full background check upon me and do hereby for myself, my heirs, executors, and administrators release and forever discharge the International Pentecostal Church of Christ and their officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

Processing fee to accompany this application is \$20.00. This fee is non-refundable. This application will be processed when received fully completed and the included Statement of Faith signed. Please enclose a recent photo of yourself. A current resume is helpful but not required.

Signature _____ Date _____

FOR DISTRICT USE ONLY:

No application is approved without majority approval on the Ministerial Board Disposition - Form A-7.

Class of credentials approved: Evangelist _____ Licensed Minister _____ Ordained Minister _____ Associate Missionary _____

ACCEPTED:

Signature _____ Date _____
 District Overseer

NOT ACCEPTED:

Signature _____ Date _____
 District Overseer