

## 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 \_\_\_\_\_
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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