



Full Gospel Churches International

2013 E. 50th Street

Joplin, Mo. 64804

General Superintendent

Rev. Jim Yates

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Joplin, MO 6480

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Rev. Gary L. Thomas

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Bedford, IN. 47421

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MINISTERIAL APPLICATION

(TYPE OR PRINT ONLY)

DATE ____/____/____

If you are applying for the first level of ministry as an exhorter, or transferring from another organization at the licensed or ordained level, it is good to review a few of the scriptures that, if followed, will keep a ministry stable and successful. A few of the scriptures are: Matthew 10:10, Romans 15:1, 16, 17; I Corinthians 1:2; II Corinthians 13:11; Ephesians 4:31, 32, 5:1, 12; Philippians 1:27, 2:13; I Thessalonians 5:12, 15; I Timothy 3:1, 16, 4:12; II Timothy 2:23, 26, 3:10, 17;

Titus 1:5, 9, 2:7, 8, 3:9; Hebrews 13:5, 7, 17; James 1:5, 3:13, 17; I Peter 5:1, 10.

Full Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Phone () _____ - _____ Birth Date _____ Nationality _____

cell. _____ E-Mail _____

Where Born? _____ Marital Status: S _____ M _____ Div. _____

If divorced, state reason _____ Male or Female _____

Spouse's Name _____ Date of Marriage _____

Have you been remarried? _____ Number of Times _____ Have you used Tobacco, Narcotics, or Alcohol in the last 12 mos.? _____

Church you attend _____ Do you attend

faithfully _____ Home Church _____

Pastor's Name & Telephone Number _____

Your Present Ministerial Activities _____

When and where were you saved? _____

Have you received the Holy Ghost according to Acts 2:4? _____ Have you ever filed bankruptcy? _____

Credentials desired: Ord. _____ Lic. _____ Exh. _____ CW _____ Credentials previously held: Ord. _____ Lic. _____ Exh. _____ CW _____

Do you carry credentials with another organization? If yes, give name, address and telephone of organization: _____

Do you plan to withdraw membership from this organization, if accepted? _____

Have you ever had your credentials revoked? If yes, give reason _____

Will you teach and practice water baptism according to Matthew 28:19? _____

Years as Pastor _____ Evangelist _____ Teacher _____ Other _____

Education and Training

Highest education or lack of education doesn't negate your genuine call of God to the ministry. This is for reference only.

Last grade attended: (one through 12) _____ Years of College _____

List Colleges(s) attended and Degrees earned _____
Please enclose a copy of certificate of degree

Are you presently employed in secular work? _____ What type of secular work have you followed?

Please remit a one time registration fee with your application. (It will be refunded if credentials are not issued.)

Annual renewal fees are accepted during March of each year and are due no later than April 15th.

A registration fee **must** accompany each application, including applications for promotion from one level of ministry to another.

When an application is submitted with a registration fee January 1st or after, the applicant will not be subject to the renewal fee until the following year.

Personal Commitment

I agree with and will uphold the doctrine and bylaws of Full Gospel Churches International and will teach and abide by the same.

I have read and will fully abide by the Full Gospel Churches International Code of Ethics for Ministers.

I will support this fellowship by prayers, financial giving and active participation.

Regarding ministerial tithes, I will give a minimum of 2% of my ministerial income to support Full Gospel Churches International, which is required, if you have no ministerial income, \$5.00 a month or \$60.00 a year is required. This is in addition to the normal renewal fees. This fee includes over 70.

I affirm that the information I have given above is correct to the best of my knowledge.

\$40.00 registration fee paid _____ Signed _____

Plus \$60.00 or 2%, whichever is relevant, 70 yrs. & over, in the Assoc. 5 yrs. is \$60.00 only.

Recommending Minister's Signature, Address and Telephone Number

Need Pastor's
Signature _____

tele _____

1. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Official Use Only

Application considered on _____ / _____ / _____

Accepted _____ Rejected _____

State Superintendent or Credentials Board Chairman

General Secretary/Treasurer