



NORTHERN DISTRICT COUNCIL, INC.  
*Pentecostal Assemblies of the World, Inc.*



~ United In Jesus We Stand ~

**APPLICATION FOR FELLOWSHIP CERTIFICATE**

LOCAL MINISTRY       MISSIONARY

(Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

➤ *To be eligible for fellowship certificate, the applicant must be filled with the Holy Ghost at least four years or three years if he/she has successfully passed the prescribed course of the Aeon Bible School. The candidate must pass examination on the following questions, which must be vouched for by his/her Pastor.*

1. How long have you had the baptism of the Holy Ghost? \_\_\_\_\_

2. When and where did you receive it? \_\_\_\_\_

3. When were you baptized in water in the name of the Lord Jesus Christ? \_\_\_\_\_

(Place) Church \_\_\_\_\_ (City & State) \_\_\_\_\_ (Date) \_\_\_\_\_

4. Have you been tried for sin since you received the baptism of the Holy Ghost?  Yes  No

(a) Were you found guilty?  Yes  No If so, were you restored?  Yes  No

5. Have you ever backslidden since receiving the Holy Ghost?  Yes  No

6. Do you attend church regularly?  Yes  No 7. Do you pay tithes?  Yes  No

The candidate is only eligible for Fellowship Certificate if the above questions show a satisfactory (a present unblemished) record. The applicant's Pastor must sign the accompanying certification.

➤ *I do solemnly affirm all the answers to the above questions are true to the best of my knowledge.*

Signed \_\_\_\_\_

Name of Church \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Fee: \$25

*Prior to Pastor's signature, the voucher of inquiry must be made at least twice to find if there are any knowing any reason that the candidate should not receive certificate.*

Pastor's Signature \_\_\_\_\_