

INDEPENDENT ASSEMBLIES OF GOD INTERNATIONAL (Canada)

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Our Task Presenting the Gospel in Word and Deed to All Nations

FORM 1 – APPLICATION FOR CREDENTIALS

Commissioned Christian Worker [] License [] Ordination []

Name of Sponsoring Church: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: Area Code [] _____

Fax: [] _____ E-mail: _____ Website: _____

Name of Sponsoring Pastor: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Phone Area Code [] _____

Fax: _____ E-mail: _____ Website: _____

Name of Candidate: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Area Code [] _____ Fax: [] _____

E-mail: _____ Website: _____

Marital Status : (Please check one) Single [] Married [] Divorced [] Remarried []

Citizenship?: _____

Why are you applying for licensing/ordination? _____

What are your Ministries? (Please check)

Pastor [] Co-Pastor [] Evangelist [] Missionary [] Teacher [] Retired Minister []

Where will candidate be located in his/her ministry? _____

What was/will be the date of the licensing/ordination of the candidate? _____

Name of the ministers who will conduct or have conducted the licensing/ordination? _____

CANDIDATES PREVIOUSLY LICENSED OR ORDAINED AND HOLDING CREDENTIALS WITH OTHER FELLOWSHIPS SHOULD FILL IN THE FOLLOWING:

Name of Fellowship with which you previously held Credentials: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: Area Code [] _____ Fax: [] _____

E-mail: _____ Website: _____

Duration of affiliation, reason for and time of withdrawal: _____

Are recommendations from previous fellowship available? (Character reference): YES [] NO []

How long has candidate been affiliated with the above sponsoring church and what is their sphere of service? _____ years. _____

We hereby certify that the answers to the above questions are true and correct to the best of our knowledge:

Dated this [day] _____ of [month] _____ [year] 20_____

Candidate's Signature: _____

Pastor's Signature: _____

Secretary's Signature: _____

A copy of this form has been sent your Regional Secretary? YES [] NO []

Regional Secretary's Signature: _____

Registration fee of \$165.00 should accompany this form. (\$125.00 Annual + \$40.00 first time fee). In the event that the application is not accepted, the fee will be returned in full.