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INDEPENDENT ASSEMBLIES
Application for Advancement of Ministerial Credentials
Revised FEB. 2007

For Office Use Only:
 License Approved
 Ordination Approved
Date of Approval:

This application is for advancement to:
_____ License _____ Ordination

It is our policy not to grant any level of credential to any applicant, however qualified, if it seems obvious that the applicant wants credentials only, and has no intention of working in fellowship with the Independent Assemblies. In rare or unusual cases, exceptions are made and an "Exhorter License" or "Minister License" may be granted, but not "Ordination" status.

PLEASE TYPE OR PRINT LEGIBLY - INCOMPLETE APPLICATIONS WILL BE RETURNED

Full Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Telephones - Residence (____) _____ - _____ Office (____) _____ - _____ Fax (____) _____ - _____

E-mail Address: _____ Website: _____

1. How long have you held your present credential? _____
2. Have you read the entire Bible? _____
3. Could your present ministry be considered full time? _____ If not, please explain: _____

4. Are you still in agreement with the doctrines and bylaws of the Independent Assemblies as stated on your previous application? _____ If not, please explain: _____

5. Are you ministering within the fellowship of the Independent Assemblies? _____ If not, please explain: _____

6. Do you regularly attend the Independent Assemblies fellowship meetings? _____ In not, please explain: _____

7. Do you help support the Independent Assemblies missions program? _____ If not, please explain: _____

8. Has your marital status changed since your last application was approved? _____ If so, please explain: _____

9. Are you now attending the same church as when you were approved for your current credential? _____
If not, give reason for changing: _____

Name and address of new church _____

Name and telephone number of new pastor _____

10. If application is for advancement to ordination, would you be willing and able to attend the next Independent Assemblies ordination service? _____ If not, please explain: _____

Signature of Applicant: _____

*Advancement to License must be recommended by applicant's pastor whether licensed or ordained.
Advancement to Ordination must be recommended by an ordained Independent Assemblies Minister.*

Recommending Minister:

Full Name (typed or printed) _____

Signature _____

Additional Comments Optional:

Applicant: _____

Recommending Minister: _____

**NOTICE TO APPLICANT - Credential fee and recent photo MUST accompany application.
License \$65.00 - Ordination \$75.00 - Reinstatement \$10.00 Additional
IMPORTANT! Whenever possible, include a copy of current credential certificate or fellowship card.
MAIL TO: INDEPENDENT ASSEMBLIES — P. O. Box 1546 — Ada, OK 74821**