



CHRISTIAN MINISTRIES INTERNATIONAL APPLICATION

Type of Credential applied for:

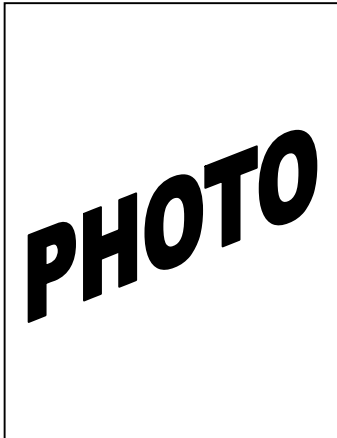
Recognized Member Licensed Minister Ordained Minister

License: Must have finished two years of theological training from approved institution.

Must know and reflect calling on life. Consideration is given to time served in specific ministry.

Ordained: Must have held license for minimum of 2 years and have proven ministry.

Application fee (see attached schedule), 2 passport photos and required references must accompany this application form.



GENERAL INFORMATION

DATE: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____

COUNTRY: _____ POSTAL CODE: _____

EMAIL: _____

TELEPHONE NUMBERS: Home _____ Work _____
Mobile _____ Other _____

OCCUPATION/CAREER: _____ EMPLOYER'S NAME: _____

DATE OF BIRTH: ____ / ____ / ____ COUNTRY OF BIRTH: _____

DATE OF SALVATION: ____ / ____ / ____ DATE OF WATER BAPTISM: ____ / ____ / ____

DATE OF HOLY SPIRIT BAPTISM: ____ / ____ / ____

MARITAL STATUS: ____ Single ____ Married ____ Divorced ____ Widow ____ Engaged

If married, NAME OF SPOUSE: _____
Last First Middle

DO YOU CURRENTLY HOLD RELIGIOUS CREDENTIALS WITH ANY OTHER RECOGNIZED ORGANIZATION OR FELLOWSHIP?

YES / NO IF YES, NAME OF ORGANIZATION: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO / YES If, yes, please explain on a separate sheet.

Int'l Checklist: References _____ Application Verified _____ Contact _____ Date: _____

Board Use Only: Approved for ____ R ____ L ____ O Effective Date: _____

CHRISTIAN MINISTRIES INTERNATIONAL APPLICATION REFERENCE REQUEST

DATE: _____

NAME OF APPLICANT: _____
Last First Middle

Recognized Member applicants require 2 references (Pastor and Friend/Colleague). **License and Ordained** applicants require 3 references.

REFERENCES:

PASTOR: _____
Last First

Mailing Address: _____

Telephone for Contact: _____ E-Mail: _____

MINISTER: _____
Last First

Mailing Address: _____

Telephone for Contact: _____ E-Mail: _____

FRIEND/COLLEAGUE: _____
Last First

Mailing Address: _____

Telephone for Contact: _____ E-Mail: _____

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BACKGROUND INFORMATION

EDUCATION: Please attach any copies of relevant certificates and diplomas to verify education.

Seminary/Theological School: _____

City, State, Country: _____

Courses and Date Completed: _____

Major: _____ Minor: _____

College: _____

City, State, Country: _____

Courses and Date Completed: _____

Major: _____ Minor: _____

High School: _____ Date completed: _____

City, State, Country: _____

MINISTRY:

Place of Ministry: _____

Address: _____

Describe ministry: _____

Place of Ministry: _____

Address: _____

Describe ministry: _____

Place of Ministry: _____

Address: _____

Describe ministry: _____

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DOCTRINAL VIEWS

For those applying for **Recognized Member ONLY**, please answer the 5 questions below.

1. Have you read and do you understand what CMI believes? YES / NO

If NO, please explain: _____

2. Is there any aspect of our beliefs that differ from yours? YES / NO

If YES, please explain: _____

3. Have you personally received Jesus Christ as your personal Savior? YES / NO

4. In applying for the status of "Recognized Member" do you agree with the ministry and work of CMI? YES / NO

5. Do you feel you may wish to pursue higher credentials in the future? YES / NO

For those applying for **License or Ordination ONLY**, please explain in writing, your doctrinal views for the following.

Be brief - if preferred, you may type your views on a separate sheet. Please substantiate your answers with Biblical verses.

SALVATION

THE TRINITY

WATER BAPTISM

HOLY SPIRIT BAPTISM

REPENTANCE

THE RETURN OF CHRIST
