

CHRISTIAN MINISTRIES INTERNATIONAL APPLICATION

Application fee (see attached sci	(US ONLY) License: Must have finished two year Must know and reflect call Ordained: Must have held license for	Licensed Minister ars of theological training fro ling on life. Consideration is or minimum of 2 years and h	given to time served in specific ministry.	1.
PHOTO	GENERAL INFORM DATE: NAME: First MAILING ADDRESS:	Middle	Last	
	COUNTRY:		POSTAL CODE:	
EMAIL:		FACEBOOK:		
TELEPHONE NUMBERS: Home		Work		
Mobil	le	Other		
OCCUPATION/CAREER:	EMF	PLOYER'S NAME:		
DATE OF BIRTH:/	_/ COUNTRY OF BIF	RTH:		
DATE OF SALVATION:/	/ DATE OF W	ATER BAPTISM:	11	
DATE OF HOLY SPIRIT BAPTIS	SM://			
MARITAL STATUS: Single		Widow Er	ngaged	
If married, NAME OF SPOUSE:				
	First	Middle	Last	
DO YOU CURRENTLY HOLD RELI	GIOUS CREDENTIALS WITH AN	Y OTHER RECOGNIZE	D ORGANIZATION OR FELLOWSHIF	?
YES / NO IF YES, NAME OF	ORGANIZATION:			
HAVE YOU EVER BEEN CONV	ICTED OF A FELONY? NO / \	YES If, yes, please e	xplain 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 re	equire 2 references (Pastor and	d Friend/Colleague). License and Ordained app	olicants 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:			
TRIEND/COLLEAGUE.	Last	First	
Mailing Address:			
Telephone for Contact:		E-Mail:	

CHRISTIAN MINISTRIES INTERNATIONAL APPLICATION BACKGROUND INFORMATION

EDUCATION:

Seminary/Theological School: City, State, Country: Courses and Date Completed: _____ _____ Minor: _____ College: _ City, State, Country: Courses and Date Completed: _____ _____ 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:

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

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PERSONAL TESTIMONY - for those applying for License or Ordination ONLY (Briefly describe how you came to know Christ, how you received your calling into ministry and why you want to become a part of CMI).

CHRISTIAN MINISTRIES INTERNATIONAL APPLICATION DOCTRINAL VIEWS

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 received and confessed Jesus Christ as your personal Savior? YES / NO
4. Do you agree with the ministry and work of CMI? YES / NO
5. If applying for "Recognized Member", do you feel you may wish to pursue higher credentials in the future? YES / NO
For those applying for <u>License or Ordination ONLY</u> , 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	