

Full Gospel Evangelistic Association

1201 Bristlecone Drive, Wofford Heights, CA. 93285 Phone (760) 376-8616

Application For Membership As A Licensed Minister

Personal:

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Website: _____

Date of Birth: _____ Place of Birth: _____

U.S. Citizen? _____ Date and Place of Naturalization: _____

Occupation: _____ Best Time to Call: _____

Marital Status:

Married: _____ Date and Place of Marriage: _____

Spouse Name: _____ No. Of Children: _____

Do You and Your Spouse Reside Together? _____ If not Explain: _____

Have you Ever Been Divorced? If Yes, Dates and Explanation: _____

Please note that FGEA does not deny Ministerial Credentials for any passed sin or divorce.

Education:

Name of School	Dates Attended	Major Curriculum	Diploma/Degree
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Have You Had Any Formal Bible or Theological Training? _____ If Yes, Explain: _____

Are You Willing to Continue Your Education by Enrolling and Completion of Selected Bible/Theological Training Courses? _____

Religious/Spiritual Background:

How long have you been Saved? _____ Have you been Baptized by immersion? _____

Have you received the Baptism of the Holy Ghost According to ACT 2:4? _____

If not, are you actively seeking it? _____

Religious/Spiritual Background (Continued)

Name of church you attended : _____

Do you drink, smoke, use drugs, or have any vices which may hinder your ministry? **YES / NO** (circle one)

* We ask that you seek the leadership of the Holy Spirit in answering this question.

Are you now, or have you ever been ordained or licensed by any other organization? **YES / NO** (circle one)

If yes, please give details: _____

If currently licensed by another organization, do you plan to continue to be licensed with that organization?

YES / NO (circle one) **NOTE: The FGEA requires your full support of the association Including tithes and offerings.

Please describe all ministries & church related activities in which you have experience (I.e., Preaching, Teaching, Youth Ministry, Choir Director/Member, Spiritual Counseling, Prison Ministry, Pastor, Administration, etc.)

What do you feel God has called you to do in the ministry? (Music, Teaching, Pastoral, Missions, Evangelism, Youth Ministry, Nursing home, etc.) _____

In your own words, please describe why you feel God has called you to the ministry.

Are you actively involved in the ministry at the present time? **YES / NO** (circle one)

How much time are you presently devoting to your calling? _____

Describe why you think being licensed by the FGEA will enable you to fulfill the duties and responsibilities of the Ministry

to which you feel God has called you. _____

Stewardship:

What is your monthly income? _____ The term "Monthly Income" refers to money received from all sources including those from your ministry. If you are uncertain as to what your monthly income will be, please provide an honest and accurate estimate of what it should be. Although exemptions are granted based on unforeseen changes in circumstances, the FGEA requires a 1-year financial commitment of tithing support based on your monthly income as outlined in the following table:

If your monthly income is between:			Your initial & renewal application fee is:		Your monthly tithe to the FGEA is:
\$0	and	\$750	\$25	Licensed Minister \$20 Exhorter	\$5.00
\$751	and	\$1,250	\$25	Licensed Minister \$20 Exhorter	\$10.00
\$1,251	and	\$1,750	\$25	Licensed Minister \$20 Exhorter	\$20.00
\$1,751	and	\$2,250	\$30	Licensed Minister \$20 Exhorter	\$30.00
\$2,251	and	\$2,750	\$40	Licensed Minister \$35 Exhorter	\$40.00
\$2,751	and	\$3,250	\$50	Licensed Minister \$40 Exhorter	\$50.00
Over		\$3,250	\$60	Licensed Minister \$45 Exhorter	\$60.00

FGEA Statement of Faith:

Have you carefully read the FGEA Statement of Faith as depicted in the FGEA Bylaws? **YES / NO**
Are there any items contained within the FGEA Statement of Faith with which you disagree? **YES / NO**
(circle one)

If yes, Please describe: _____

NOTE: The FGEA recognizes you may have minor differences in doctrinal opinions and convictions as they relate to
The FGEA Statement of Faith. Such differences will not necessarily deny your membership in the FGEA
unless those differences will result in the sowing of discord within or the bringing of discredit upon the FGEA.

If you are granted a license by the FGEA, will you agree to refrain from preaching against the FGEA
Statement of Faith items with which you disagree? **YES / NO** (circle one)

Statement of Applicant:

I, _____ have carefully read the FGEA Statement of Faith
and purpose and, except as noted herein, I fully agree with them and find they express my own deeply held
views. I do hereby humbly submit this application for [check one]: (____) New Membership (____) Renewal
Type of license for which I am applying [check one]:

- (____) Associate License** (5 Fold Ministry)
- (____) Interim License (Teaching, Music, Nursing Home, Counseling)
- (____) Exhorter License (Lay Ministry)

**NOTE: Only Associate licensed ministers are licensed to marry people.

I enclose an application fee of \$ _____ I agree to support the FGEA in the amount of \$ _____
per month for a minimum period of 12 months (If your application is rejected, the application fee will be
returned). I agree to report monthly to the appropriate FGEA officer concerning my ministerial activities.

Date Signed: _____ Signature: _____

Statement of FGEA Sponsor (if any): _____

Please provide the following information for two references who can attest to your ethical & moral status	
Name: _____	Name: _____
Address: _____	Address: _____
City/State: _____	City/ State: _____
Zip: _____ Telephone: _____	Zip: _____ Telephone: _____
For FGEA Official Use Only CREDENTIALS COMMITTEE ACTION:	
Application is:(____) Approved (____) Rejected	
Type of License Issued: _____	
Date of Ordination: _____	
Membership Date: _____	
Remarks: _____	
Officers Notified: General Bishop: _____	Associate General Bishop: _____
District Bishop: _____	State Overseer: _____

CONFIDENTIAL QUESTIONNAIRE

Dear Friend:

The individual named below has submitted application for membership in the Full Gospel Evangelistic Association. He/She has provided your name as an individual who can attest to his/her background and overall ethical and moral standards. We would appreciate it very much if you would complete this questionnaire as accurately and honestly to the best of your knowledge providing us with your opinions of the applicant. We sincerely thank you for your consideration and help. May God bless you and yours.

I have known _____ For a period of _____ years

My relationship to the applicant has been as a: (please check all that apply)

(_____) Minister (_____) Friend (_____) Relative
(_____) Employee (_____) Customer (_____) Other _____

The relationship has been: (_____) Intimate (_____) Casual (_____) Professional

To the best of my knowledge and judgment, the applicant is (check one in each line)

	Excellent	Good	Questionable	Poor
In Christian life and testimony	(_____)	(_____)	(_____)	(_____)
In ability to minister	(_____)	(_____)	(_____)	(_____)
In conduct and moral attitude	(_____)	(_____)	(_____)	(_____)
In accepting responsibility	(_____)	(_____)	(_____)	(_____)
In meeting financial obligations	(_____)	(_____)	(_____)	(_____)
In influence in the community	(_____)	(_____)	(_____)	(_____)
In family relationships	(_____)	(_____)	(_____)	(_____)
In physical fitness	(_____)	(_____)	(_____)	(_____)

In your opinion, does the applicant exhibit a "call" to the ministry? (_____) Yes (_____) No

Based on your knowledge of this individual, would you recommend him/her for membership in the Full Gospel Evangelistic Association as a licensed minister of the Gospel of our Lord and Savior Jesus Christ?
YES / NO

May we contact you either personally, by telephone, or in writing to discuss the opinions you have expressed herein? YES /NO Best time to call? _____

Comments: _____

Name: _____ Date: _____

Signature: _____

Name of Business/Organization: _____

Address: _____
