

Application for License

The Jesus Christ Apostolic Ministries International

IDENTIFICATION

<u>Name:</u>			
Address:			
State:	City / P	rovence	
Country If Not US Citizen			
Zip Co	de:	•	
DATE OF <u>BIRTH:</u>	/	/	
AG	E:		
Date of Birth	Month	Day	Year
Driver License #	Social	Security	-
US. CITIZEN _	Yes. (Or No	
TELEPHONE (_)		-
E-MAIL:			_

CHURCH STATUS

Name of

	Address o	pf
Church: _		
Sta	ate or Country:	
City:	Zip Jote: If Over Seas in W	Code:
	hurch:	•
	Name:	
	Phone #	
Church P	hone #	Serving in this
C	hurch as:	
Pasto	pr:	
	Associate Pastor:	
Ass	ociate Minister:	, Minister:
	inister:, you in full fellowship	Evangelist: with this church:
	Yes,No? If No	o Please Explain:

Have You Ever Been a Member of Any Other (Oneness) Apostolic Organization Yes: No:	n?
If Yes Which One. P.A.W U.P.C.I Other:	
From:MonthDay. Year	
ToMonthDay. Year	
<u>FAMILY STATUS</u>	
SINGLEMARRIED	
DIVORCEDSEPARATED	
<u>SPOUSE</u>	
<u>Name:</u>	
Address:	
State:City	
US CitizenYes or No	
If No What Country?	
Zip Code:	
AGE:	
Date of BirthMonthDayYear	
Driver License #Social Security	

	NUMBER OF CHILDREN:
	<u>Applicant</u>
Have you be	n baptized in water by immersion in the name of Jesus Christ for the remission of sin
	According to Acts 2:38? ,When?
Do vou belie	e that speaking with other tongues as the spirit gives utterance is the initial sign of th
	baptism of the Holy Ghost (Acts 2:38, Acts 2:4, And Acts 10:44)?
	Yes:, No:
	Have you received this experience?, If yes when?
	•
Hana nay ba	PERSONAL SPIRITUAL EXPERIENCE (WIFE)
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No. Please Note if you choose No, your application could be denied.
Are you in Fellowship with or a Member of any other Apostolic Organization?YesNo If you answer yes, you may not be approved for fellowship with the <u>JCAMI</u> , as this would take away From your current fellowship or the <u>JCAMI</u> , This would be unfair to both as you need to give 100% to Just One!
<u>SPOUSE</u>
Have you ever been divorce? If yes, give
Dates:
If yes, was this divorce before or after your conversion?
Have you ever been remarried?,
if yes give dates: If yes, was this remarriage before or after your conversion?
Are you willing for the District-Bishop, District-Elder and / or the headquarters office? To verify the above information? Yes:, No:
(If you or your spouse has ever been divorced, a complete copy of the divorce decree must be attached to this application.
If Married a Copy of your Marriage License must be attached
Number of years of Ministerial experience: Will you cooperate with the district in which you reside? Have you ever been convicted of or pleaded guilty to child abuse or a crime involving actual or attempted sexual molestation of a minor?, if yes,
please explain
<u></u>

	if yes
lease explain:	
	(Under One Year in Ministry)
(2) General	(Over One Year)
(3) Ordination Credentials	(Must Be Over the Age of 21)
Please give a small Testimony abou	ut yourself and what God has done for you:
	This Is Mandatory?

Date:Month	Day /	Year	SIGNATURE OF	APPLICANT
Signing this application, Please all so note that	you MUST have re		Baptism in the nan	
	DATE SIGNA	ATURE OF	APPLICANT	
signing this application	I give my word tha	nt all inforn	nation is true to the l	oest of my knowledge!!
Please all so note that y			e Baptism in the na . (Total New Birth)	nme of JESUS and have
Please Note: Application			Days to Process. I he District Board	n The U.S.A. If Approved
********			<u>LOW THIS LINE</u> *******	********
			e Application	
_	Michael Neal.	, D.D. Pro	esiding Bishop	_
_	David Bunch. A	Assistant P	residing Bishop	_
_	Gary Wolter. A	ssistant Pi	residing Bishop	_
-	District Bisho	p Signatur	re (J.C.A.M.I.)	-

State / District		
District-Elde	er Signature (J.C.A.M.I.)	

<u>If Sending By E-mail</u>

<u>Copy and Paste this into the Body of your E-Mail to send.</u>

<u>Email: office@jcami.org</u>

License Type

Credentials	General:	
Local: _		
FULL NAME: _		
Driver License #		-
MAILING ADDRESS:		
CITY:	STATE:	
PROVINCE:		
COUNTRY		