



*Jesus Christ Apostolic
Ministries International*
*"Taking The Word Of
God To The World"SM*

Application for License
The Jesus Christ Apostolic Ministries International

IDENTIFICATION

Name: _____

Address: _____

State: _____ ***City / Province*** _____

Country If Not US Citizen _____

Zip Code: _____.

DATE OF BIRTH: ____/____/____

AGE: _____

Date of Birth _____ ***Month*** _____ ***Day*** _____ ***Year***

Driver License # _____ ***Social Security*** _____ - _____ - _____

US. CITIZEN ____ ***Yes.*** ***Or*** ***No.*** ____

TELEPHONE (____) _____

E-MAIL: _____

CHURCH STATUS

Name of

Church: _____.

Address of

Church: _____.

State or Country: _____.

City: _____, **Zip Code:** _____.

Note: If Over Seas in What Country Is

Church: _____?

Pastor Name: _____

Phone # _____

Church Phone # _____, **Serving in this**

Church as: _____

Pastor: _____

Associate Pastor: _____

Associate Minister: _____, **Minister:** _____

Junior Minister: _____, **Evangelist:** _____.

Are you in full fellowship with this church:

___ **Yes,** ___ **No? If No Please Explain:**

Have You Ever Been a Member of Any Other (Oneness) Apostolic Organization?

Yes: _____. No: _____

If Yes Which One. P.A.W._____. **U.P.C.I.**_____. **Other:** _____

From: _____ **Month.** ____ **Day.** ____ **Year.**_____

To _____ **Month.** ____ **Day.** ____ **Year.**_____

FAMILY STATUS

SINGLE _____ **MARRIED** _____

DIVORCED _____ **SEPARATED** _____

SPOUSE

Name: _____

Address: _____

State / Country _____ **City** _____

US Citizen _____ **Yes or No** _____

If No What Country? _____

Zip Code: _____.

AGE: _____

Date of Birth _____ **Month** _____ **Day** _____ **Year** _____

Driver License # _____ **Social Security** _____ - _____ - _____

US. CITIZEN ____Yes. Or No.____

NUMBER OF CHILDREN: _____

Applicant

Have you been baptized in water by immersion in the name of Jesus Christ for the remission of sins according to Acts 2:38? _____, When? _____

Do you believe that speaking with other tongues as the spirit gives utterance is the initial sign of the 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?

_____.

PERSONAL SPIRITUAL EXPERIENCE {WIFE}

Have you been baptized in water by immersion in the name of Jesus Christ for the remission of sins according to Acts 2:38? _____, When? _____.

Do you believe that speaking with other tongues as the spirit gives utterance is the initial sign of the baptism of the Holy Ghost (Acts 2:38, Acts 2:4, And Acts 10:44)? ____Yes ____No.

Have you received this experience? ____Yes ____No If yes when?

____Month Day____ Year_____.

APPLICANT

Have you ever been divorced? _____. 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? Including any Police records check, and past & / or present Pastors? ____ Yes.

____ 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? ____ Yes. ____ No
*If you answer yes, you may not be approved for fellowship with the JCAMI, as this would take away
From your current fellowship or the JCAMI, This would be unfair to both as you need to give 100% to
Just One!*

SPOUSE

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. _____

Have you ever been **convicted** or pleaded **guilty** to a crime or civil judgment, other than traffic violations? NO. _____ Yes _____ if yes

please explain: _____

Name of Your Church or Ministry _____

Applying For (1) Local _____ (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 about yourself and what God has done for you:
{Please Note This Is Mandatory}

Date: _____Month / _____Day / _____Year. _____
DATE **SIGNATURE OF APPLICANT**

*Signing this application, I give my word that all information is true to the best of my knowledge!!
Please all so note that you MUST have received the Baptism in the name of JESUS and have
Received the HOLY GHOST. All so by signing you agree to abide by the Guidelines of the JCAMI and
its General Constitution and agree that you will work within the District you are assigned and its
officers*

DATE SIGNATURE OF APPLICANT

signing this application I give my word that all information is true to the best of my knowledge!!

**Please all so note that you MUST have received the Baptism in the name of JESUS and have
received the HOLY GHOST. (Total New Birth)**

**Please Note: Application Can Take Up-To Thirty (30) Days to Process. In The U.S.A. If Approved
You Must Appear Before the District Board**

OFFICIAL USE ONLY BELOW THIS LINE

New Application? _____ . Upgrade Application _____

_____ . Mailed to H.Q. _____

Michael Neal., D.D., Ph.D. Presiding Bishop

David Bunch. Assistant Presiding Bishop

Gary Wolter. Assistant Presiding Bishop

District Bishop Signature (J.C.A.M.I.)

State / District

District-Elder Signature (J.C.A.M.I.)

If Sending By E-mail

Copy and Paste this into the Body of your E-Mail to send.

Email: office@jcam.org or jesuschristapostolic@yahoo.com

License Type

Credentials _____ **General:** _____

Local: _____

FULL NAME: _____

Driver License # _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____

PROVINCE: _____

COUNTRY: _____