



The Pentecostal Ministerial Association of America

P.O. Box 311

Dayton, OH 45401

APPLICATION FOR MINISTERIAL CREDENTIALS

Please type or print clearly. This application must be filled out completely. A non-refundable fee of \$50.00 (which is also the dues for the first year or portion thereof) and two current passport size photos must accompany this application. Each applicant must have a sponsor sign below under **Minister Sponsor Information**.

NAME: _____ PHONE: (____) _____

ADDRESS: _____ E-MAIL: _____@_____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ DATE OF CONVERSION: _____

DATE BAPTIZED IN THE HOLY SPIRIT ACCORDING TO ACTS 2:4: _____

MARITAL STATUS: _____ Single _____ Married _____ Widowed _____ Remarried
_____ Divorced Do you have a former spouse still living? _____

HAVE YOU EVER BEEN DENIED LICENSE WITH ANOTHER ORGANIZATION? _____
If so, why? _____

DO YOU CURRENTLY HOLD MINISTERIAL CREDENTIALS? _____ FOR HOW LONG? _____
Name of Organization: _____ Address: _____
City: _____ State: _____ Zip: _____

Do you agree with the **PMAA's** Statement of Beliefs? _____
With which, if any, do you disagree? _____

HAVE YOU EVER BEEN A MEMBER OF THE **PMAA**? _____ If yes, when? _____
Have you ever been disciplined by or denied license by the **PMAA**? _____

PRESENT EMPLOYER OR PLACE OF FULL TIME MINISTRY: _____

CURRENT FIELD OF MINISTRY: _____ Pastor _____ Evangelist _____ Missionary _____ Other

I HEREBY AFFIRM THAT I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY TO THE
BEST OF MY KNOWLEDGE: _____ (Signature) _____ (date)

PMAA MINISTER SPONSOR INFORMATION:

SPONSOR'S SIGNATURE: _____ PHONE: (____) _____
ADDRESS: _____ STATE: _____ ZIP: _____

OFFICE USE ONLY: Received: _____ Approved: _____
(Chairman's Signature)