

INDEPENDENT ASSEMBLIES OF GOD INTERNATIONAL (Canada)

Rev. Paul McPhail, General Secretary
P.O. Box 653, Chatham Ont, N7M 5K8
Phone: (519) 352-1743, Fax: (519) 351-6070
E-mail: pmcphail@ciaccess.com, Website: www.iaogcan.com



Our Task Presenting the Gospel in Word and Deed to All Nations

FORM 3 – APPLICATION FOR ANNUAL CREDENTIAL RENEWAL

This form is to be filled in annually by all Commissioned Christian Workers, and Ministers who are Licensed or Ordained. Failure to fill in and return and renew annually will result in your credentials being revoked.

Applicants must forward **FORM 3** to the sponsoring Church for completion.

FORMS 3 must be returned to the Canadian Office before Renewal will be considered.

Mr. Mrs. Miss

Name of Applicant: **PRINT CLEARLY** _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____ Are you over the age of 75 years? Yes No

Phone: Area Code [] _____ Fax: Area Code [] _____

E-mail: _____ Website: _____

Marital Status: Single Married Divorced Remarried

Credential you hold? Commissioned Christian Work Licensed Ordination

What has been your field of ministry during the past year? _____

Are you in active ministry? Yes No

If yes, give the name and address of Church/Ministry. _____

Date you attended the last Provincial or National Convention?

Do you find it necessary to subsidize your income with secular work? Yes [] No []
Does the reason for your original credential Commissioned Christian Worker, License or Ordination still apply?

If not, give the reason _____

Do you have a Provincial Certificate to Perform Marriages? Yes [] No []
Signature of Applicant: _____ Date: _____

COMMISSIONED CHRISTIAN WORKER, LICENSING OR ORDAINING CHURCH INFORMATION:

Church Name: _____

Church Address _____

City: _____ Province: _____ Postal Code: _____

Phone: Area Code [] _____ Fax: Area Code [] _____

E-mail: _____ Website: _____

Name and Address of Pastor of Commissioned Christian Workers, Licensing or Ordaining Church:

Pastor's

Name _____ Address _____

City: _____ Province: _____ Postal Code: _____

Phone: Area Code [] _____ Fax: Area Code [] _____

E-mail: _____ Website: _____

Signature of Pastor: _____ Date: _____

Signature of Church Secretary: _____ Date: _____

The fee of \$160 should accompany this form. In the event that the Applicant is not accepted, the fee will be returned in full. It is expected that the Applicant will conscientiously answer all questions. If circumstances have changed so that he or she no longer requires credentials it will be stated.

If financial hardship is a factor the candidate may confidentially write the General Secretary for special consideration. Failure to renew annually will result in the revocation of your credentials.