

**INDEPENDENT ASSEMBLIES OF GOD INTERNATIONAL (Canada)**

Rev. Paul McPhail, General Secretary

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**FORM 1 – APPLICATION FOR CREDENTIALS**

Commissioned Christian Worker [ ] License [ ] Ordination [ ]

Name of Sponsoring Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Area Code [ ] \_\_\_\_\_ Fax: [ ] \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Sponsoring

Pastor: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Area Code [ ] \_\_\_\_\_ Fax: [ ] \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: Area Code [ ] \_\_\_\_\_

Fax: [ ] \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Marital Status : (Please check one) Single [ ] Married [ ] Divorced [ ] Remarried [ ]

Citizenship?: \_\_\_\_\_

Why are you applying for licensing/ordination?

\_\_\_\_\_

What are your Ministries? (Please check) Pastor [ ] Co-Pastor [ ] Evangelist [ ]

Missionary [ ] Teacher [ ] Retired Minister [ ]

Where will candidate be located in his/her ministry? \_\_\_\_\_

What was/will be the date of the licensing/ordination of the candidate?

\_\_\_\_\_

**(Page 2 on back of page turn over please.)**

Name of the ministers who will conduct or have conducted the licensing/ordination? \_\_\_\_\_

**CANDIDATES PREVIOUSLY LICENSED OR ORDAINED AND HOLDING CREDENTIALS WITH OTHER FELLOWSHIPS SHOULD FILL IN THE FOLLOWING:**

Name of Fellowship with which you previously held Credentials: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: Area Code [    ] \_\_\_\_\_

Fax: [    ] \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Duration of affiliation, reason for and time of withdrawal: \_\_\_\_\_

Are recommendations from previous fellowship available? (Character reference): YES [    ] NO [    ]

How long has candidate been affiliated with the above sponsoring church and what is their sphere of service? \_\_\_\_\_ years. \_\_\_\_\_

We hereby certify that the answers to the above questions are true and correct to the best of our knowledge:

Dated this [day] \_\_\_\_\_ of [month] \_\_\_\_\_  
[year] 20 \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Secretary's Signature: \_\_\_\_\_

A copy of this form has been sent your Regional Secretary? YES [    ] NO [    ]

Regional Secretary's Signature: \_\_\_\_\_

**Registration fee of \$210.00 should accompany this form. (\$170.00 Annual + \$40.00 first time fee). In the event that the application is not accepted, the fee will be returned in full.**  
*\*Revised May 2019*