



Rev. David Kelsey
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FORM 1 - APPLICATION FOR CREDENTIALS

Commissioned Christian Worker License Ordination

Name of Candidate: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Citizenship: _____

Date of Birth: Month _____ Day _____ Year _____

Marital Status: Single Married Divorced Remarried

Spouse's Name: _____

Why are you applying for CCW/licensing/ordination? _____

What are your Ministries? (Please check all applicable) Pastor Co-Pastor Apostle Prophet

Evangelist Teacher Missionary Retired Minister

Where will candidate be located in their ministry? _____

What was/will be the date of their licensing/ordination? _____

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

Name of Fellowship previously associated with: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Church Phone: _____ Cell Phone: _____

Email: _____ 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. _____

Please supply a photograph of yourself. You can email it to gensec@iaogcan.com or include it with this form.

Name of Sponsoring Church: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Name of Sponsoring Pastor: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Website: _____

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: _____

Church Official's Signature: _____

A copy of this form has been sent to your Regional Secretary? Yes No

Regional Secretary's Signature: _____

Registration fee of \$250.00 should accompany this form. (\$160 annual fee + \$40 one time registration fee + \$50 annual convention fee.) In the event that the application is not accepted, the fee will be returned in full.