

Trinity Full Gospel Fellowship, Inc. Cedar Hill, Texas

Clergy Application

An Association of Independent Churches and Ministers

The applicant for ministerial credentials must fill out the registration form completely. For the sake of accuracy, please type or print neatly. The applicant should also submit a letter stating the applicant's preparation for ministry, experience and doctrine. Two letters of recommendation from qualified ministers should be included with this application.

Name _____

____ Address _____

City _____ State _____ Zip code _____
_____ Phone (____) _____ Birthdate _____

• Male • Female Nationality _____

Marital Status: _____

- Married
- Remarried
- Widowed
- Divorced (please explain)
- Single
- Separated (please explain)

Are you now or have you been a member of another ministerial fellowship, group or organization? If yes, please explain.

_____ Ministerial Classification: _____

- Pastor
- Evangelist
- Missionary
- Other (please explain)

To be completed by the sponsoring pastor:
 Name

Address _____ City, State,
 Zip _____ Signature _____
 Date _____

To be completed by an officer or secretary of the sponsoring church:

Church Name _____ Date _____

Address

Credentials to be issued • Ordination • License Date _____
 Authorized Signature _____ Date _____

I hereby apply for membership in the Trinity Ministries, Inc. I generally subscribe to the statement of faith.

Applicant's Signature _____ Date _____
_____ Detach this application and mail to:

Trinity Full Gospel Fellowship
1400 Kari Ann Dr.

Cedar Hill, TX 75104-3612

Office use only: Date _____ Approved by _____
