

Request for the Credential Application: First Credential

SoCal Network Assemblies of God
17951 Cowan, Irvine, CA 92614 • 949-252-8400 • Fax: 949-252-8435

I have read the information regarding the Credential Application Process and I hereby request an application for Ministerial Credentials with the SoCal Network Assemblies of God.

Please send the application to the following: (application will be emailed unless you do not have an email address)
(Please Print)

Name: _____

Address: _____

City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

Email: _____

English is not my primary language;

My primary language is: _____

Applicant's Signature: _____

Please mail this request form to:

SoCal Network Assemblies of God
ATTN: Credentials
17951 Cowan
Irvine, CA 92614-6000

NETWORK OFFICE USE ONLY

Request Received: _____

Official Application Mailed: _____