

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: *(The application will be emailed unless you do not have an email address)*
(Please Print)

Name: _____

Spouse Name (if married): _____

Address: _____

City: _____ Zip: _____

Phone: (Home) _____ (Cell) _____

Email: _____

English is not my primary language;

My primary language is: _____

Church Attending: _____

Ministry/Position: _____

Have you or your spouse ever been divorced or had a marriage annulled?

___ YES I have had a divorce or annulment ___ NO I have not had divorce or annulment
(Former spouse still living? ___ Yes ___ No)

___ YES my spouse has had a divorce or annulment ___ NO my spouse has not had a divorce or annulment
(Former spouse still living? ___ Yes ___ No)

What Religious education have you completed? _____

Are you a U.S. Citizen? ___ Yes ___ No

If not, do you have the right to work in the U.S.? ___ Yes ___ No

Type of Visa or Worker's Permit _____ *(please include a copy with request)*

Applicant's Signature: _____

Please mail this request form to:

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

NETWORK OFFICE USE ONLY

Request Received: _____ Official Application emailed or mailed: _____