

ELDER OF THE YEAR APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Ordination Date:	Phone:
Current address:		
City:	State:	ZIP Code:
Church:	District:	How long saved:

LOCAL PASTOR CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
How long affiliated w/you:		Recommended?

CHURCH MOTHER/FIRST LADY INFORMATION

Name:		
Address:		Phone:
City:	State:	ZIP Code:
How long affiliated w/you:		Recommended?

MINISTRY INFORMATION

Current Local Church:		
Church address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

REFERENCES

Name	Address	Phone

CHURCH MEMBERSHIP(S) FOR PAST 10 YEARS

Name	Pastor
Name	Pastor
Name	Pastor
Name	Pastor

SIGNATURES

I authorize the verification of the information provided on this form as to my church affiliation, ministry and history. I have received a copy of this application.

Signature of applicant:	Date:
Signature of Pastor:	Date:
Signature of Church Mother/First Lady:	Date: