

PASTOR OF THE YEAR APPLICATION

APPLICANT INFORMATION

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

DISTRICT SUPERINTENDENT CONTACT

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

DISTRICT MISSIONARY INFORMATION

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

MINISTRY INFORMATION

Current Ministry/Church:		
Church address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Founder Pastor <i>(Please circle)</i>	

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 District Supt. <i>(only if for a joint membership):</i>	Date:
Signature of District Missn. <i>(only if for a joint membership):</i>	Date: