

MIDWESTERN DISTRICT COUNCIL #12
APPLICATION FOR FELLOWSHIP CERTIFICATE

Sections 1, 2 and 3 should be completed by the applicant and Section 3 must be signed by the Pastor.

Section 1 PLEASE PRINT

NAME _____ DATE OF BIRTH ____/____/____

SOCIAL SECURITY LAST 4 #'S _____

ADDRESS _____ PHONE ____/____/____

CITY _____ STATE _____ ZIP CODE _____

SECTION 2

The candidate is only eligible for a Fellowship Certificate if the questions answered below show an unblemished record.

1. HOW LONG HAVE YOU HAD THE HOLY GHOST? _____

2. WHEN AND WHERE WERE YOU BAPTIZED IN JESUS NAME?

DATE ____/____/____

PLACE _____

3. DO YOU BELIEVE IN, AND PAY TITHES? _____

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 3 CERTIFICATION

The applicant named herein has met all the requirements for this certificate according to Appendix D of the MDC CONSTITUTION & BY-LAWS.

Pastor's Signature Date

NAME OF CHURCH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # ____/____/____ FAX # ____/____/____

EMAIL _____

THIS APPLICATION MUST BE ACCOMPANIED BY FEES OF \$35.00

SECTION 4 (FOR COMMITTEE USE ONLY)

Committee Member Initial _____ Card ID# _____ Date _____ Fee Received \$ _____
Picture taken _____ Fee Received \$ _____

Certificate & Card Issued _____ Hand _____ Mailed _____ Date _____