



United Assemblies of Christ International

P. O. Box 11763

Louisville, KY 40251 USA

Phone: 502-365-5571

Email: admin@uacintl.org

Web: www.uacintl.org

ANNUAL CREDENTIALS APPLICATION

Date: ____/____/____

- Ministerial License
- Ministerial Ordination

- Initial Application
- Annual Renewal
- US Resident
- International

NOTE: This Application must be completed in its entirety. Failure to submit required information will delay the process of issuing your annual credentials. Please be sure to enclose 2 *Passport sized photos* of yourself with this application **do not staple photos**. Make all certified checks or money orders in USD payable to: **UNITED ASSEMBLIES OF CHRIST INTERNATIONAL, INC.** and return to the postal address above. Applications will not be accepted via fax or email. *Thank you.*

Last Name: _____ First Name: _____ MI: _____
 Age: _____ Sex: _____ DOB: ____/____/____ Marital Status: __ Married __ Single __ Divorced (*please explain*)
 Spouse's Name: _____ Age: _____ DOB: ____/____/____
 Children's Names and Birthdates: _____

Address: _____ City: _____
 State: _____ Country: _____ Zip/Postal Code: _____
 Home Phone:(____) _____ - _____ Alternate Phone:(____) _____ - _____ Ext: _____
 Church/Ministry Name: _____
 Church/Ministry Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Web Site: _____

I am applying for: __ Ministerial License __ Ministerial Ordination

Please attach photocopies of all Ministerial Credentials previously or currently held through other organizations. Also, include photocopies of all educational certificates, diplomas and degrees issued by valid educational institutions.

___ I am in agreement with Doctrinal Statement of United Assemblies of Christ International

___ I understand that I am required to submit an annual credentials assessment in the amount of \$50.00 (*Licensed Ministers*) or \$100.00 (*Ordained Ministers*) during the Annual Fellowship Conference. The annual credentials assessment will renew my ministerial status and I will receive the updated Annual Fellowship Card.

___ I understand that we are to support the mission and ministry of the United Assemblies of Christ International by faithful stewardship of my time, talents and treasures. According to my understanding of the will of God concerning this matter, I pledge to support UACI with a monthly tithe portion/offering of ___\$5.00/mo ___\$10.00/mo ___\$25.00/mo ___\$50.00/mo

___ I understand that I am to continue the study of the Holy Scriptures. Currently, I am enrolled in: _____ and taking the following classes: _____

___ I certify that all information contained, attached and presented herein is true and accurate to the best of my knowledge.

Signature: _____

Date: ____/____/____

*******FOR OFFICE USE ONLY*******

Date Rec'd: ____/____/____ Initial Interview: _____ Date: ____/____/____ Credential Issued: __ Y __ N Exp: ____/____/____
 Comments: _____

CF: __ PT: __ CK# _____ MO __ PP MSA: _____ MB: _____

Record of Support:

Jan:	Feb:	Mar:	Apr:
May:	June:	July:	Aug:
Sept:	Oct:	Nov:	Dec:

1st Qt: _____ 2nd Qt: _____ 3rd Qt: _____ 4th Qt: _____ Annual Total: \$ _____