

Office Use Only:	
Affiliation Number: O/	
ID Number	Mall a
Certificate - printed	□Yes
Credential Card - printed	☐Yes
Payment Receipt - printed	Yes
Date posted:	

## ORDAINED CREDENTIAL APPLICATION FORM

\$150 Subscription Per Year

Connexions is built on the principle of Ministers in relationship with each other and is also committed to providing state and national conferences designed to help build your ministry and your church. We are not here to merely be a provider of Ministry Credentials, other Organisations already do that. We therefore need to consider it a priority to attend your state and national conference each year.

Ordained Membership is provided for those who evidence a Call of God to the ministry and who are presently engaged in pastoring a Church or as a member of a ministry team, (eg: Assistant Pastor etc) or for those actively involved in a ministry requiring Ordination Credentials.

A Certificate of Ordination will be provided which will only be valid when accompanied by a current Annual Membership Card to 31st December of the current year.

Please fill out the entire application form and post to the address at the bottom of this page.

## PERSONAL PROFILE

TITLE: (Mr, Mrs, Ps, Ev, Rev etc.)		11000000000
Christian Names:		
Surname:		
Residential Address:		10 62 2 7 20
	State:	Postcode
Postal Address:		
		Postcode
Contact No: (H) ( )		
Church Office : ( )		
Email Address:	77]	MONAGE AND NAME OF THE OWNER OWNER OF THE OWNER OWN
Web Address:		MARCHAEL AND THE
Marital Status:	Name of Spouse	MARIE AND THE
Please give employment details if not in full time ministry:		
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## ORDAINED CREDENTIAL APPLICATION FORM **SPIRITUAL** What denomination do you belong?\_\_\_\_\_ When did you become a Christian? \_\_\_\_\_ Briefly detail your conversion experience \_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_ Have you been baptised in water? \_\_\_\_\_ Have you been baptised in the Holy Spirit? Yes / No When? \_\_\_\_\_ How much time do you devote to ministry each week?\_\_\_\_\_ How are you financially supported? **MINISTERIAL INFORMATION** Would you describe your ministry as 5 fold? Yes / No Which office do you believe is your main calling- select one only: Apostle Prophet Pastor Teacher Evangelist In what capacity have you served your local church?\_\_\_ Please detail any leadership responsibilities \_\_\_\_ Please provide details of previous credentials with any other denomination\_\_\_\_ **CHURCH DETAIL** Name of your church / ministry? Average weekly attendance \_\_\_\_\_ Current Responsibilities \_\_\_\_\_ Are you the Senior Minister of your church / ministry Yes / No If no, please give your senior minister's details

Name: \_\_\_

Address:

Telephone:

PO Box 5027 Bundaberg Qld 4670 ~ 0417 007 230 ~ info@connexionsinternational.com ~ www.connexionsinternational.com

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<u>AUTHORISATION</u>	
Please DO NOT distribute my contact details to other Connexions Members	
I am happy for my contact details to be distributed to other Connexions Members.	
Interested in becoming a marriage celebrant under Connexions?	
Yes I am wanting to become a Marriage Celebrant. Please send me the training paper	erwork to become a Marriage Celebrant
Please ring / email me and tell more about becoming a Marriage Celebrant	
Questions	THE PROPERTY OF THE
PRIVACY	10000
I understand my personal information will be kept on a computer with a log on PIN and onl	y used by trusted office staff and the computer is kept
in a locked office. I understand my personal information will be shared with all directors my	/ local state director for Connexions for the purpose of
Contacting me. If ticked OK above I understand my Photo, address, and phone number w	
from of an address book and made available with a member log in on Connexions web site	е.

## DECLARATION OF APPLICANT

I hereby apply for Ordained Ministers' Credentials with Connexions Ltd
I have fully read and accept the statement of Faith of Connexions Ltd and
Will uphold its principles of doctrine and conduct to the best of my ability.

Signature:	 	 	_
Name:		 	_
Date			