



OFFICE USE ONLY	
DATE APP REC'D ____/____/____	DATE MAILED ____/____/____
DUES WITH APP \$	COMPUTER DATA ____/____/____

APPLICATION FOR INDIVIDUAL MINISTERIAL LICENSING

I am making an application for the following Ministerial Credential (check one)

- GENERAL LICENSE** – Brief ministerial experience having been ordained for 3 years or less.
- ORDAINED PASTOR / EVANGELIST** – Those with a credible church or itinerant ministry that have been ordained for at least 5 years or more.
- COMISSIONED APOSTLE / PROPHET / OVERSEER** – Those with an established ministry having been ordained and serving in a balanced, credible, and fruitful five-fold ministry office capacity for at least 7 years or more.

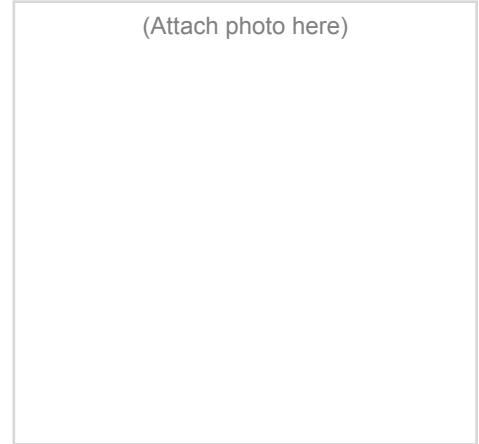
OPTIONAL CARD DESIGNATION

- CHAPLAIN** – If you would like your card to indicate that you are a CHAPLIAN, please check here.

APPLICATION INSTRUCTIONS

- Carefully complete application, answering all questions.
- Type or print legibly.
- Include a fairly recent photo of yourself (any type of photo is acceptable).
- Unless you are being SPONSORED by a current member, submit 2 Personal Recommendation Forms.
- Where summary explanation is required, please attach separate sheets.
- NOTE: If you are re-applying for ordination status, include a copy of your certificate or a letter of confirmation signed by the officiating minister. Failure to provide proof of ordination will delay processing.
- Include check or money order for members fees
- Use N/A in areas that are not applicable to you
- Use Check List on back page.
- Sign and Date application.

- Date of application ____/____/____
- Name _____
- Street Address _____
- City _____ State _____ Zip _____
- Cell Phone: (_____) _____
- Email: _____
- Website: _____
- Date of Birth ____/____/____ Male Female
- Nationality _____ Citizenship _____
- Marital Status: Single Married Separated Widow/Widower
- Have you ever been divorced? Yes No. If yes, how many times _____
- Name of Spouse _____
- In what year did you accept Jesus Christ? _____
- Where you baptized in water by total immersion? _____ Yes No
- Have you received the infilling of the Holy Spirit with the evidence of speaking in tongues? _____ Yes No
- Do you believe the Gifts of the Spirit still operate in individuals today? _____ Yes No
- What is your primary vocation (check only one):
 Pastor Prophetic Ministry Teacher Evangelist Missionary Apostle Chaplain Music
- Do you have a home church that you attend regularly? _____ Yes No
 If Yes, give name and address: _____
- Name of the Senior Pastor at your home church? _____



20. How much time do you devote to your calling (check one) 100% 75% 50% 25% Less _____
21. Do you have secular employment? _____ Yes No
If yes, what type and how many hours/week _____
22. How are you supported financially? _____
23. What other organizations are you currently affiliated with? _____

24. Have you ever been credentialed with another religious body? _____ Yes No
if yes, please specify _____
25. Have you been "Ordained" by the laying on of hands and anointed with oil? _____ Yes No
If yes, please state the month, day & year: _____
Did you receive a Certificate? _____ Yes No
Name of Organization by whom you were ordained: _____
26. Have you considered our Statement of Faith and are you in agreement with it _____ Yes No
27. Have you considered our Code of Ministerial Ethics and do you agree to abide by them? _____ Yes No
28. Have you read the requirements for Membership and do you qualify by these standards? _____ Yes No
29. Are you applying for complete affiliation coming under ICALM's Apostolic Umbrella Covering? _____ Yes No
30. What is your belief concerning the homosexual lifestyles? (check one only)
 God accepts I believe it is contrary to God's word No opinion
31. Do you feel the "New Age" movement is an acceptable teaching for the body of Christ? _____ Yes No
32. Do you have any type of criminal record other than juvenile? _____ Yes No
If yes, please provide a summary statement on a separate sheet of paper.
33. Do you have any civil lawsuits or criminal actions pending? _____ Yes No
If yes, please provide a summary statement on a separate sheet of paper.
34. Have you ever been charged with child molestation or sexual harassment? _____ Yes No
If yes, please provide a summary statement on a separate sheet of paper.
35. In your opinion, is intimate, cohabitation between unmarried members of the opposite sex acceptable to God? _____ Yes No
36. Do you use any of the following:
Tobacco (in any form) _____ Yes No
Alcoholic beverages _____ Yes No
Medical marijuana _____ Yes No
If yes, please provide a brief summary statement on a separate sheet of paper.
37. Does your church or ministry have any Civil or Criminal lawsuits pending? _____ Yes No
Please note: If you checked yes above, submit a brief summary statement on separate sheet of paper.
38. Do you live a biblically moral lifestyle, one worthy of the Christian ministry? _____ Yes No
39. Through what source did you learn of this organization? _____
40. Will you do your best to be an active supporting member? Yes No

41. List any formal education you have received:

	Years Completed						Degree
	1	2	3	4	5	6	
High School _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
College _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bible College _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seminary _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

42. Check each of the beliefs and practices you agree with and regularly participate in:

1. It is through the shed blood of Jesus Christ that we have remission of sins, are saved, and born again.
2. Water Baptism (by total immersion).
3. Baptism of the Holy Spirit (with the evidence of speaking in other tongues).
4. The Gifts of the Spirit (fully operational today as was in the first church in the book of Acts).
5. Holy Communion (symbolic of the body and blood of Christ).
6. Holy Matrimony (as defined as one man for one woman).
7. The Five-fold ministry (apostle, prophet, evangelist, pastor, teacher for the equipping of all believers).
8. Holy Ordination
9. Divine healing, miracles, signs, and wonders (both spiritual and physical).

43. Are you being sponsored by a current member? _____ Yes No

If yes, please list sponsor: _____

44. If you ARE being sponsored by a current member, list one (1) additional ministerial reference:

Name: _____ Address _____

City/State/Zip _____ Phone _____

45. If you ARE NOT being sponsored, please list two (2) ministerial references:

Name: _____ Address _____

City/State/Zip _____ Phone _____

Name: _____ Address _____

City/State/Zip _____ Phone _____

46. Is your Church or ministry involved in any type of missions? _____ Yes No

If Yes, state type: Foreign Domestic

If involved in any type of missions work please give a brief description: _____

Please read the following Faith Promise, date and sign below:

This agreement is for your protection and the protection of the other members of the fellowship. If you have any questions, please feel free to contact our office.

AGREEMENT – I acknowledge and affirm that the information that I have provided on this Application for Individual Licensing, including all attachment, summary statements and exhibits, are true and correct to the best of my knowledge. I understand that if I am granted membership or receive credentials of any kind from International Covering Alliance & Licensing for Ministries (ICALM), my membership and any and all credentials issued by ICALM may be withdrawn or terminated by ICALM, at any time and without warning, if any of the information provided is false or misleading. I will not misuse or misrepresent my ministerial credentials and membership with ICALM. If I am granted ministerial license and membership, I will obey all laws of the land as long as such laws do not impede my mode of worship and my walk with God as determined by the Bible. I understand that personal membership and licensing with ICALM does not preclude me from individual income taxes as stipulated by Federal law.

Accepted and signed:

By: _____ Date: _____

APPLICANT CHECKLIST

Current Photo Proof of Ordination (if applicable) Application Fees Recommendation Forms Other

OTHER AREAS OF INTEREST (check all that apply)

Mission Projects Bible College/Degree Bible Study Courses Ministry Start-up and Legal Status Other
 Church Affiliation for Legal & Spiritual Covering Evangelistic Outreach Ministry Affiliation Book Publishing
 Bible College Accreditation

SPONSOR

Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip Code _____

How long have you known the applicant? _____

I hereby recommend this applicant for membership:

Signed _____ Date _____

(Must be active ICALM Member)

OFFICE USE ONLY:

Referred by _____

Is the applicant known by a ICALM member? ___Yes ___No Has applicant ever been a ICALM member? ___Yes ___No

Action taken on this application: _____

Date approved ____ / ____ / ____ Declined / / ____

Comments: _____
