

Application for License to Preach in the African Methodist Episcopal Church

PERSONAL

Name: _____ Today's Date: ____ / ____ / ____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

Home Telephone Number: (____) _____

Cell Telephone Number: (____) _____

Email Address: _____

Marital Status: _____ Number of Children: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

(IMPORTANT NOTE: Attach certified copy of Birth Certificate)

Employer: _____ How Long? _____

EDUCATION

High School: _____ Year Graduated: _____

College/Univ. School: _____ Yr. Graduated: _____ Degree: _____

Grad. Sch./Seminary: _____ Yr. Graduated: _____ Degree: _____

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(continued)

CHURCH INFORMATION

Church Name: _____ How long a member? _____

How long have you been a member of the AME Church? _____

Pastor's Name: _____

In what ministry are you interest? (Check One; mark with an X):

Itinerant Local Other (Explain): _____

If you have been a member of the A.M.E. Church for less than a year, please give the name of your previous Church and how long you were a member:

Previous Church Name: _____

How long a member: _____

Organizations, Ministries, or Projects you participated in during your membership in this Church?

_____	_____
_____	_____
_____	_____

Are you willing to attain additional education? 12 _____

Date Converted: ____ / ____ / _____ Date Baptized: ____ / ____ / _____

Date Called to Preach: ____ / ____ / _____ Date of Initial Sermon: ____ / ____ / _____

Date of Recommendation by Church Conference: ____ / ____ / _____

Give a brief description of your "Call Experience": _____

Applicant's Signature: _____ Date: ____ / ____ / _____

Pastor's Signature: _____ Date: ____ / ____ / _____

IMPORTANT NOTE: Make 3 copies: (1) Pastor, (2) Presiding Elder Pridgen, and (3) Committee on Ministerial Orders.