

# APPLICATION FOR LICENSE TO PREACH

## In the African Methodist Episcopal Church

Western District of the Western NC Conference of the 2<sup>nd</sup> Episcopal District

### PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(attach certified copy of Birth Certificate)

Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/Univ: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Grad. Sch./Seminary: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

APPLICATION FOR LICENSE TO PREACH

- Page 2 -

**CHURCH INFORMATION**

Church Name: \_\_\_\_\_ How long a member? \_\_\_\_\_

How long have you been a member of the A.M.E. Church? \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

In what ministry are you interested? (Check One):

- 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. \_\_\_\_\_

Which Organizations, Ministries, or Projects have you participated in during your membership in this Church? \_\_\_\_\_

Are you willing to attain additional education? \_\_\_\_\_

Date Converted: \_\_\_\_\_ Date Baptized: \_\_\_\_\_

Date Called to Preach: \_\_\_\_\_ Date of First (Initial) Sermon: \_\_\_\_\_

Date of Recommendation by Church Conference: \_\_\_\_\_

Give a brief description of your "Call Experience": \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_