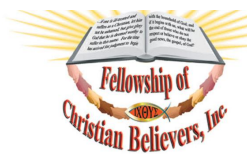


Fellowship of Christian Believers Ministry Credentials' Application



(Credentials are given for a two year period and are renewable at the Bi-Annual Bible Conference in odd years)

Please complete all that applies on this form and return to: FCB Administrative Office
P.O. Box 18218 Portland, OR 97218
Phone -(480) 415-1897

Your Ministry Title: <input type="checkbox"/> Minister <input type="checkbox"/> Pastor <input type="checkbox"/> Apostle <input type="checkbox"/> Elder <input type="checkbox"/> Prophet <input type="checkbox"/> Bishop <input type="checkbox"/> Evangelist <input type="checkbox"/> Teacher <input type="checkbox"/> Overseer	First Name _____ Middle Name _____ Last Name _____	<input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> Sr. <input type="checkbox"/> III
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Street Address _____	City _____	ST _____	Zip _____	PH () - _____
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City of Birth _____	ST _____	Country _____	Date of Birth _____	Height _____	Weight _____
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Spouses Name _____	Children's Name/Age @ Home _____
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Water Baptism according to Matt. 28:19, Acts 2:38, 8:14, 10:48, 19:5 Yr. : _____ By: _____	Holy Spirit Baptism Yr. : _____ By: _____
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(Please answer the following questions. If you answer "no" to any, please provide you reasoning in the space provided)

Do you believe in Hell? Yes No _____

Do you believe in submitting to spirit authority? Yes No _____

Will you abide by the Fellowship of Christian Believers Manual and Holy Scripture? Yes No _____

Do You Practice and teach the giving of Tithes and Offerings? Yes No _____

Please name the last three churches you have attended:

Name _____ How Long? _____ Position Held? _____

Name _____ How Long? _____ Position Held? _____

Name _____ How Long? _____ Position Held? _____

Year Licensed: _____ By: _____ Year Ordained: _____ By: _____

Do you have a Certificate of License? Yes No Dated _____

Do you have an Elders Certificate of Ordination? Yes No Dated _____

Do You have a Bishop's Certificate of Consecration? Yes No Dated _____

Do you have a current FCB Ministerial Card? Yes No Dated _____

Have you sent a recent photo to this office? Yes No Dated _____

Bi-Annual Fees: Minister/Teacher/Prophet : \$70 Elder/Evangelist/Pastor: \$140 Apostle/Bishop/Overseer \$250

Please make your check payable to: "FCB"

Recommended by: _____ Title: _____

Signature of Recommending Minister (if available) _____ Date _____

Applicant Signature _____ Date _____