

UNITED CHRISTIAN CHURCH & MINISTERIAL ASSOCIATION

P. O. Box 700, Cleveland, TN 37364-0700

You May Call 423-472-7271 For More Details.

MINISTER SURVEY DATA ONLY

For Office Use Only	
License # _____	_____
Class _____	Ordination Date ____/____/____

FIRST NAME _____ M.I. _____ LAST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

COUNTRY _____ PHONE (____) _____ FAX (____) _____

AGE _____ MALE _____ FEMALE _____ MARRIED _____ SINGLE _____ DIVORCED _____

1. Do you have the Holy Ghost according to Acts 2:4? Yes _____ No _____
2. Are you free from tobacco, alcohol & drugs? Yes _____ No _____
3. Do you believe in the Gifts of the Spirit? (I Cor. 12:7-11) Yes _____ No _____
4. What is your calling in the ministry? (Ephesians 4:11) Pastor _____ Evangelist _____ Missionary _____
Teacher _____ Music _____ Street Ministry _____ Prison Ministry _____ Helps _____
5. How long have you been a Christian? _____ Months _____ Years
6. Do you and/or will you tithe to the Lord's work? (Hebrews 7) Yes _____ No _____
7. Do you understand that the United Christian Ministerial Association is Interdenominational and all of our ministers may not agree on all points of doctrine? Yes _____ No _____
8. Are you a Pastor? Yes _____ No _____
9. What is the name of the church you pastor or attend ? _____

I will humbly and sincerely work for the Lord. I affirm that I will live and preach Bible holiness.

Signature of Applicant _____ Date ____/____/____

You must have TWO MINISTERS to sign below. Ministers by signing below verifies that you know this individual personally and believe him/her to live a life above reproach and that he/she is morally and spiritually qualified for the Ministry of Jesus Christ. It will help us process your application faster if the two ministers that sign will send a recommendation letter also.

UCMA MINISTER'S LICENSE NUMBER _____ UCMA MINISTER'S LICENSE NUMBER _____

PRINT NAME _____ PRINT NAME _____

SIGNATURE _____ SIGNATURE _____

ADDRESS _____ ADDRESS _____

CITY _____ ST _____ CITY _____ ST _____

ZIP _____ PHONE # _____ ZIP _____ PHONE # _____

Please complete this application for your license or ordination. Please attach a recent photograph of yourself, for our records, and enclose a \$30.00 offering. This offering is not to purchase a license, but only to help pay postage and other processing fees. We will inform you of our decision and give you further instructions, if necessary. You may call 423-472-7271 for information.