

Iowa School of Ministry

ENROLLMENT FORM

PERSONAL INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Male Female Age: _____ Date of Birth: _____

Spouse Name (if applicable): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Phone: _____

Email Address: _____

Employer: _____

Church Information:

Pastor's Name: _____

Church Name: _____

Church Address: _____

City, State, Zip: _____

Your Ministry Involvement: _____

Reason for Enrolling in ISOM: _____

If your goal is to obtain a credential with the Assemblies of God, please state why you feel a credential would benefit your ministry:

Senior Pastor's reference/comments: _____

Senior Pastor's Signature

I fully understand and agree with the stated policies of the Iowa School of Ministry. I further understand that completion of any of the ISOM classes is only a first step toward fulfilling the educational requirements and does not automatically qualify me to receive a credential with the Assemblies of God.

Please Print Name

Signature

isom

Equipping spiritual leaders through academic development and encouraging relationships.


Enrollment Fee:

\$25 One Time Fee
Due with enrollment form

Instruction available for the following:

Certified Minister
License
Ordained

Although ISOM is one option to fulfill only the educational requirements necessary for the credentialing process, ISOM and ISOM+ classes are open to anyone interested in continuing their education. The pursuit of credentials is not an enrollment requirement.

 **iowa ministry network**
ASSEMBLIES OF GOD
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