



NEW MEMBER APPLICATION

DATE: _____

FULL NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE _____ PROVINCE _____

PHONE: HM _____ CELL _____

EMAIL: _____ SOCIAL MEDIA _____

MARTIAL STATUS: Single Married Divorced Separated Widowed

(If divorced or separated please submit a letter with details of your divorce)

DATE OF BIRTH: _____

OCCUPATION: (If other than full time Church position) _____

MINISTRY NAME OR CHURCH: _____

MINISTRY CONTACT INFORMATION: _____

POSITION WITH MINISTRY: OVERSEER ELDER DEACON ADMINISTRATION

ORDAINED NOT ORDAINED

(IF ORDAINED PLEASE INCLUDE DATE AND PLACE OF ORDINATION AS WELL AS SUBMITTING A COPY OF ANY DOCUMENTATION)

We as a governing body DO NOT ORDAIN but rather acknowledge the ordination of the local Church.

As a member you are entitled to receive all privileges in accordance to the Marriage act of your Province.

Describe the nature of your CALLING/GIFT: _____

Describe your relationship with the Holy Spirit (have you experienced the infilling of the Holy Spirit):



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Name _____ Date _____

Ministry training or preparation for service: _____

Are you prepared to honor the ministerial requirements as outlined in our bylaws (1 Tim 3, Titus 1)

Can you subscribe to the statement of faith as contained in the CMA bylaws:

Have you ever been convicted of a criminal offence _____

Have you ever been dismissed from a ministry position _____

Please provide the **name and full contact information** for the following as references:

(The board of director's requests full permission to contact and interview all references provided)

1. One CMA Member: _____

2. One Current Ministry co-worker: _____

3. One Past Ministry Leader: _____

Application Fee of \$25 is non refundable and is due upon submission of application:

A Police record check must accompany all Applications

Interview Option: (circle) SKYPE / FACETIME / PHONE

Signature _____