



Heart of America Council of Churches

of the Pentecostal Assemblies of the World, Inc.

Diocesan: The Honorable Bishop Mark C. Tolbert

Fellowship Certificate Application

Date _____

To be eligible for a FELLOWSHIP CERTIFICATE, the applicant must be filled with the Holy Ghost at least two (2) years.

The candidate must pass examination on the following questions, which must be vouched for by his/her Pastor. The candidate is only eligible for a FELLOWSHIP CERTIFICATE if the following questions show an unblemished record. The HACC License Committee will not consider this application unless all questions have been answered and the Pastor's signature obtained.

A fee of \$ 25.00 must accompany this application.

Please answer all questions as completely as possible.

1) When and where did you receive the baptism of the Holy Ghost.

2) How long have you had the baptism of the Holy Ghost? _____

3) When and where were you baptized in Jesus' name?

4) Do you a) believe in b) pay tithes? a) _____ b) _____

5) Do you attend church regularly? _____

6) For what purpose are you applying for the FELLOWSHIP CERTIFICATE? _____

Applicant's Name (Please Print)

Applicant's Signature

Applicant's Address (Street, City, State, Zip)

Telephone Number

ENDORSEMENT:

I do solemnly affirm all the answers to the above questions by the above named applicant are true to the best of my knowledge.

Pastor's Signature