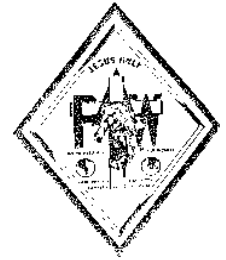


NORTHERN DISTRICT COUNCIL, INC.
5th Episcopal District of the Pentecostal Assemblies of the World, Inc.



APPLICATION FOR FELLOWSHIP CERTIFICATE

LOCAL MINISTRY MISSIONARY

(Please Print)

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

➤ *To be eligible for fellowship certificate, the applicant must be filled with the Holy Ghost at least four years or three years if he/she has successfully passed the prescribed course of the Aeon Bible School. The candidate must pass examination on the following questions, which must be vouched for by his/her Pastor.*

1. How long have you had the baptism of the Holy Ghost? _____

2. When and where did you receive it? _____

3. When were you baptized in water in the name of the Lord Jesus Christ? _____

(Place) Church _____ (City & State) _____ (Date) _____

4. Have you been tried for sin since you received the baptism of the Holy Ghost? Yes No

(a) Were you found guilty? Yes No If so, were you restored? Yes No

5. Have you ever backslidden since receiving the Holy Ghost? Yes No

6. Do you attend church regularly? Yes No 7. Do you pay tithes? Yes No

The candidate is only eligible for Fellowship Certificate if the above questions show a satisfactory (a present unblemished) record. The applicant's Pastor must sign the accompanying certification.

➤ *I do solemnly affirm all the answers to the above questions are true to the best of my knowledge.*

Signed _____

Name of Church _____

Address _____

City, State, Zip code _____

Telephone _____

Fee: \$25

Prior to Pastor's signature, the voucher of inquiry must be made at least twice to find if there are any knowing any reason that the candidate should not receive certificate.

Pastor's Signature _____