



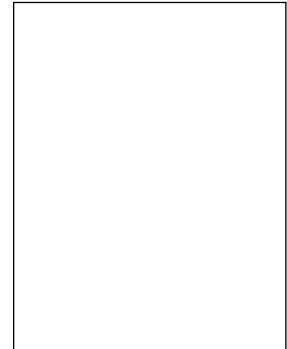
NATIONAL CLERGY ASSOCIATION OF GHANA



"Gather to me this consecrated people, who made a covenant with me by sacrifice." -Psalm 50:5

MINISTERS APPLICATION FORM

Please be sure to complete this application form in its entirety. Remember to enclose 2 passport sized photos of yourself (do Not staple).be sure to enclose your annual application / Credential fee in the proper amount (GH¢50). Upon receipt, The general board will review your application, and if Approved, you will be notified via email.



Section 1: PERSONAL INFORMATION

Date.....

First Name:MI.....Last Name.....
 Age..... D.O.B...../...../...../ Sex..... Marital Status.....SSN:...../...../.....
 Spouse's Name:Spouse's Age.....D.O.B:...../...../.....
 Mailing Address:City.....
 State.....Zip Code.....Country:Home Phone (.....)
 Physical Address:Apt.....City.....
 StateZip Code.....Country.....
 Email: Alternative Phone (.....)/.....

PLEASE ANSWER ALL THAT APPLY

1. I am fully licensed and ordained minister of the gospel yes.....No. if yes attach license and ordination certificates.
2. Have been previously consecrated as a Bishop.....Yes..... If yes attach a copy of your consecratory certificate.
3. I currently oversee..... churches and ministries.
4. I have been consecrated and ordained by..... (Name of church and ministry)
5. Have you ever been convicted of a Felony?Yes.....No. if yes, give details
6. Have you ever been divorced? No if yes, give details.

EDUCATIONAL BACKGROUND

School Name and Location	Dates Attended	Diploma/Degree

Ministries/Pastorates Served

CHURCH / MINISTRY INFORMATION

Name of current Church / ministry:.....
 Address
 State:.....Country:.....Zip Code..... Church Phone(...../...../.....)
 Pastor's Name :.....Your Position:.....
 Church / ministry web site:.....

Please check all that apply:

- Our church / ministry has a media ministry
- Our church / ministry broadcasts our services if so, give station/ channel.....
- Our church / ministry has a prison ministry
- Our church / ministry has a feeding ministry
- Our church / ministry has a clothing ministry
- Our church / ministry has a Drug and Alcohol Counselling ministry
- Our church / ministry has a youth ministry
- Our church / ministry has a senior citizens ministry
- Our church / ministry has an Evangelistic outreach ministry

Please provide the following information: please tell us the services of your church / ministry be sure to specify time / day.

Day	Service	Time	Average Of Participant

How many (Baptised) members in your Church / Ministry?

How many Licensed Ministers are under you your ministry?

How many ordained ministers (Elders/ Presbyters) are under your Ministry ?.....

How many Deacon/deaconess are under your Ministry?

Full Corporation Name:

State of incorporation: Status of Incorporation..... Good Standing.....
 Dissolved.....others.....

Date Of incorporation:Month..... Day, Year,

Type of Articles: Non-Profit.....LLC-Articles.....

How is your Church / Ministry governed?congregationally..... Church council

.....PresbytersOthers (explain)

Has your Church / Ministry been informed of your desire to unite with N.A.C.A.G?Yes.....No

Does your church / ministry agree with your decision to unite with N.A.C.A.G.?.....YesNo

Signature:..... Date.....



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