



DISTRICT CREDENTIAL UPGRADE FORM

International Fellowship of Christian Assemblies

_____ District

(Please check if this is a change of address _____) Date ____/____/____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Home () _____ Office () _____ Fax () _____

Email _____

Did you financially support the IFCA last year according to the stewardship policy requirements?

Yes ___ No ___ if no, please explain _____

Did you attend the National Convention last year? Yes ___ No ___

Did you attend the District Council meeting last year? Yes ___ No ___

Did you attend the District's other meeting last year? Yes ___ No ___

Do you continue to support the IFCA's doctrines and tenants of faith? Yes ___ No ___

Are you in full time ministry? Yes ___ No ___ Are you considering full time ministry? _____

Which level of credential are you applying to upgrade to? _____

APPLICATION FOR: Ordination; (OM); Minister of the Gospel; (MG) Licensed Preacher; LP)

Have you held your present credentials for at least two (2) years? _____

Have you completed the IFCA's educational requirements (or the equivalent from another acceptable source to IFCA) for the level you are applying to upgrade to? _____

(important: please enclose a transcript, or copies of all courses completed.)

Please enclose a \$25 fee with this application and return to the District Office in which you are applying through. If applying for Ordination, include an additional check in the amount of \$25, payable to FOCUS, IFCA.

Applicant Signature _____

District Use Only
Upgrade accepted ___ refused ___ Reason _____
District Officer Signature _____
Received ____/____/____ Check Number _____ Amount\$ _____