

Office use only
____ Accepted
____ Rejected



Evangelical Ministerial Association of Canada
800-6th Ave NW
Slave Lake AB, T0G 2A1
Office: 780.849.9712
Fax: 780.849.9715
h.pretty@thegatheringplace.ca

Application for: Minister's Ordination / Minister's License

Please include a recent photo of you and your spouse if married

1. Applicant's Name: _____
First Middle Last

2. Home Address: _____

3. Home Phone # { _____ } _____

4. E-Mail: _____ Personal E-Mail _____

5. Cell Ph # _____

6. Birth Date: _____
M Day Yr

Conversion: _____ Baptism with Holy Spirit _____

Present Status: Single Married Divorced Remarried

Spouse's Name: _____
First Middle Last

Birth date: _____ Date of Marriage: _____

Conversion date: _____ Date baptized with Holy Spirit: _____

List of Children's names and birth dates:

7. Do you have a former spouse living? Yes No

8. Do you currently hold credentials with any organization? Yes No

If yes with what organization? _____

9. Have you been denied credentials with any organization? Yes No

If yes by whom _____

10. Why are you applying to EMAC? Or why are you transferring your credentials from another organization, please include a written over view of you reason's for withdrawing membership from your current organization.

11. Brief history of your ministerial experience:

Church Name	City	Province	Dates

12. Describe your ministry:

13. Name of Church currently Attending: _____

14. Position in the church is : _____

15. The average total Sunday AM attendance is? _____

16. Church address: _____

17. Church Ph # _____ Church Fax # _____

18. Email Address: _____

19. Give a history of all Bible Schools and College Level schools attended:

Name of School	Years attended	Diploma or degree

20. List any trades, employment, or business experience:

21. Is your spouse in full agreement concerning your ministry with EMAC ? If no please explain

11. When was the last time you used alcohol, tobacco or narcotics? Comments:

23. Have you been convicted of any criminal offences? _____ Details:

24. Have you been investigated fro any incident of a sexual nature, such as sexual touching?

Please enclose your non refundable \$50.00 processing fee with your annual fee of \$100.00 (will be refunded if not approved) in cash or money order or certified check to **Evangel Ministerial Association of Canada**

Note: Unless otherwise advised, all applications will require a personal interview with the credential committee

Evangel Ministerial Association of Canada
800-6th Ave NW
Slave Lake Alberta, T0G 2A1

Applicant's Signature: _____ Date: _____

**Senior Pastor's
Recommendation** [must be post marked separately from Pastor, not applicant pages 4&5]
{Confidential}

I have known _____ for _____ years.

The relationship was ___close___ professional ___ as a minister

To the best of my knowledge and judgment, the applicant is

	Excellent	Good	Average	Questionable	Unknown
In Christian, life and testimony					
In ability to minister					
In conduct and moral attitude					
In accepting responsibility					
In meeting financial obligations					
In personal appearance					
In family relationships					
In physical fitness					

In my opinion, the applicant exhibits a calling: ___yes___ No

If yes, in what area of ministry? _____

I would recommend the applicant for ___ Ordained Minister ___ Minister's Licenses

What do you consider the applicants strong points to be?

What do you consider the applicant's weakest points?

Describe the applicant's involvement in ministry in your church. Please indicate whether they are involved on a part time or full time basis, a paid position or volunteer.

What do you see for future ministry for the applicant?

Is the applicant faithful in tithes and offerings? yes No

Is it your desire to see this member registered to marry in your province? yes No

Signature _____ Date: _____

Print Name: _____

Church: _____

Address: _____ City _____

Province: _____ Postal Code: _____

Home Phone: _____ Church Phone: _____

Upon Completion, please forward this confidential report to:

Att: Pastor Harry G. Pretty
General Overseer
Evangel Ministerial Association of Canada
800-6th Ave NW
Slave Lake AB, T0G 2A1

Ministry Involvement Form * Applicants Name _____**

1. Describe your call to ministry.

2. Describe your current involvement in ministry/the local church.

3. What is your vision for the future? Where do you believe God is leading you?

**Upon completion, forward to
Evangel Ministerial Association of Canada
800-6th Ave NW
Slave Lake AB, T0G 2A1**

Other information required:

RCMP Criminal Record Check must be current last 6 months

Recent Photo or passport photo enclosed

Proof of citizenship eg. passport or birth certificate photo copy

If accepted to EMAC, I promise to keep the EMAC office up to date on personal information and forms required to fill out. This includes change of address as well as an "annual registration form and fee for the current year, due end of January." Failure to update the EMAC office in a timely manor will result in the loss of my credentials and I will have to re apply to the credential committee. This includes filling out all paper work and application forms. I understand that my application may not be accepted.

If I choose to register with another organization I will let the EMAC office know immediately. I will also submit in writing a formal letter to be kept on file at the EMAC office.

Signature: _____ Date: _____

Upon completion, forward to
Evangel Ministerial Association of Canada
800-6th Ave NW
Slave Lake AB, T0G 2A1



Application For:

Marketplace Minister

800 6 Ave NW Slave Lake, AB T0G 2A1
Phone: 780-849-9712 / Fax: 780-849-9715
www.evangelministerialassociation.com

1. Name (as desired on certificate) _____
(First) (Middle) (Last)

2. Home Address (including postal code) _____

3. Home Phone _____

4. Cell Phone _____

5. E-Mail _____

6. Place of Work _____

7. Position _____

8. Work Address (including postal code) _____

9. Work Phone _____

10. Work E-Mail _____

11. Work Website _____

12. Birth date _____
(MM/DD/YYYY)

13. Birth place _____

14. Conversion _____
(MM/DD/YYYY)

15. Holy Spirit Baptism _____
(MM/DD/YYYY)

16. Present marital status Unmarried Married Divorced Remarried Widow/er

17. Spouse's Name _____
(First) (Middle) (Last)

18. Birth date _____
(MM/DD/YYYY)

19. Anniversary _____
(MM/DD/YYYY)

20. Conversion _____
(MM/DD/YYYY)

21. Holy Spirit Baptism _____
(MM/DD/YYYY)

22. Is your spouse in full agreement concerning your affiliation with Evangel Ministerial Association Yes No

If no, please explain _____

23. Do you have a former spouse living? Yes No

24. List each child's name and birth date

25. Give a history of all Bible School and College level schools attended

Name of School *Years attended* *Diploma or degree received*

Describe the applicant's involvement in ministry in your church. Please indicate whether they are involved on a part-time or full-time basis, a paid position or volunteer.

What do you see for future ministry for the applicant?

Is the applicant faithful in tithes and offerings? Yes No

Is it your desire to see this member registered to marry in your province? Yes No

If yes, please explain their responsibilities.

Are you willing to contact us if you cease to recommend this member in the future? Yes No

Signature _____ Date _____

Print Name _____ Home Phone _____

Church Name _____ Position _____

Church Address (including postal code) _____

Church Phone _____

Church Fax _____ Church Email _____



Evangel Ministerial Association
800 6 Ave NW Slave Lake, AB T0G 2A1
Phone: 780-849-9712 / Fax: 780-849-9715
www.evangelministerialassociation.com



Market Place Involvement Form

1. Describe your call to ministry _____

2. Describe your current involvement in Marketplace Ministry _____

3. What is your vision for the future? What do you believe God is leading you into? _____

Upon completion, forward to:
Evangel Ministerial Association
800 6 Ave NW Slave Lake, AB T0G 2A1
Phone: 780-849-9712 / Fax: 780-849-9715
www.evangelministerialassociation.com



Senior Pastor Recommendation (Confidential)

EMA believes that all believers need to be accountable to an active spiritual authority (1 Thess. 5:12) whom he or she relates to in a Pastoral role. In signing this document, you are indicating that such a relationship exists (and will continue to exist) between yourself and the individual you are recommending.

As this person's active spiritual authority, you are expected to maintain a lifestyle in agreement with biblical standards and to actively speak into the personal and ministry life of the recommended individual as it relates to biblical standards for believers and ministers outlined in the Word of God.

I have known _____ for _____ years.
Applicant's name

The relationship is: Close Casual Professional Ministerial

To the best of my knowledge and judgment, the applicant is

	Excellent	Good	Average	Questionable	Unknown
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In my opinion, the applicant exhibits a calling. Yes No

If yes, in what type of ministry? _____

I would recommend the applicant for Marketplace Minister

What do you consider the applicant's strong points? *(Include positive personal traits)*

What do you consider the applicant's weak points? *(Include negative personal traits)*
