



AFFILIATE CREDENTIAL APPLICATION

**NEW TESTAMENT HOLINESS CHURCH INTERNATIONAL
2027 VZ CR 1222
GRAND SALINE, TEXAS USA**

I. Personal Information

Date: _____

Full Name (First, Last, MI) _____

Mailing Address _____

City

County/Town

Country _____

Age _____

Contact Phone Number

Home _____

Office _____

Cell _____

Email Address _____

Website _____

II. General Information

Please circle highest level of education attained? Elementary High School College Post College Other

Explain Other

Give a statement of your faith

What area of Ministry do you feel God has called you to? _____
(Attach details about your calling on a separate page.)

Please circle present Ministry responsibilities: Pastor Missionary Evangelism Christian Education Other

Explain Other:

Name of present ministry denomination or organization affiliation:

Name of your home church: _____

Pastor's Name _____

Pastor's Phone _____

Are you interested in NTHCI Mission Trip Opportunities? _____

III. Ministry Information

What is the Name of your Ministry? _____

Mailing Address _____

Country _____

City

Postal code

How long have you been working in your current ministry? _____

Do you hold weekly services? _____

Please list Community Services and/or Evangelistic Outreach Programs

Does your ministry support missions? _____

If yes, what counties are you currently involved in? _____

Name of members of NTHCI with whom you are acquainted.

Have you ever attended Seminary or Bible Classes? If so, please list educational history and degree(s) held:

Have you ever been convicted of a felony? _____ (If yes, please explain on a separate sheet.)

Please submit copies of your Articles of Incorporation.

DILIGENCE

I understand that I am expected to attend at least one NTHCI Bible Conference	YES	NO
I will support NTHCI with my offering	YES	NO
I understand there is an annual credential renewal fee	YES	NO

Applicant Signature

I, _____ hereby apply for ministerial recognition by NTHCI and grant permission to pursue by investigation all facts hereto stated. Permission is granted to request information concerning pastoral or personal recommendations as needed.

Signature/Date

We believe there are other God-called fellowship, organizations and associations of which, NTHCI is one of them. NTHCI maintains the right to deny, revoke, repossess or withhold ministerial credentials and/or affiliate membership.

I understand that all items related to this application submitted to NTHCI are a part of the application process and become the permanent property of NTHCI and will not be returned to me. I hereby state that all the information contained in this application is correct and true. If NTHCI is notified that any information contained herein is false, it will be grounds for my immediate dismissal. I also understand that completion of this application in no way guarantees or implies acceptance as a member of NTHCI.

Signature/Date

** There is a non-refundable application fee of Ksh.5,000.00. Please submit with your application. There is also an annual renewal fee to pay for secretarial duties and materials in reference to processing of credentials.

Please Describe your Ministry: