

INSTRUCTIONS

1) FILL OUT THE APPLICATION COMPLETELY AND NEATLY.

2) SUBMIT ALL NECESSARY DOCUMENTS AS DESCRIBED IN THE APPLICATION. (Please be sure to staple your Documents to the back of the Application on the upper left hand side).

3) INCOMPLETE APPLICATIONS WILL BE RETURNED ALONG WITH YOUR FILING FEE, MINUS A \$50 NON-REFUNDABLE PROCESSING FEE. (Applications which are re-submitted by the applicant will have to include another \$50 processing fee).

4) MAIL YOUR COMPLETED APPLICATION ALONG WITH A FILING FEE OF \$150 (Money Orders ONLY MADE OUT TO: CHRISTIAN CLERGY INTERNATIONAL) **TO:**

**CHRISTIAN CLERGY INTERNATIONAL, INC.
405 RXR Plaza
Uniondale, NY 11556**

5) ANNUAL MEMBERSHIP FEES ARE \$125.

NOTE: ANY APPLICATION MARKED UNSATISFACTORY BY THE ADVISORY COMMITTEE WILL BE RETURNED TO YOU WITH COMMENTS AND/OR SUGGESTIONS, ALONG WITH YOUR FILING FEE, MINUS A \$50 PROCESSING FEE WHICH IS NON-REFUNDABLE. APPLICATIONS MARKED "DO NOT RE-SUBMIT" MAY NEVER BE RE-SUBMITTED BY THE APPLICANT TO CCI. CCI RESERVES THE RIGHT TO DECLINE ANY APPLICANT AT THEIR SOLE DISCRETION.



APPLICATION FOR MEMBERSHIP

I am applying as: Ordained Minister Licensed Minister Lay Member
 Elder Evangelist Missionary Other: _____

First Name Last Name M.I.

Address

City State Zip Code

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

Email: _____ S.S. # _____

PERSONAL HISTORY

Date of Birth: _____

Date you became a Christian or baptism date: _____

Name and Address of baptizing church: _____

Name, address and telephone of church where you are currently a member:

Name of your pastor: _____

EDUCATIONAL EXPERIENCE

What is the highest academic level you have achieved?

Provide the name of the seminary or bible institute, city and state or check N/A ():

Date of graduation: _____ Degree: _____

PROFESSIONAL EXPERIENCE

Current Employer: _____

Job Title: _____

Telephone: _____

MINISTRY RELATED EXPERIENCE

If you are a licensed OR ordained minister, please provide name and address of issuing church, and date of ordination/licensing: _____

Pastor of issuing church/ministry: _____

Note: In order for your application to be complete, you must include all of the following documents. These materials should be mailed together and should be submitted to CCI for review by the Advisory Committee. Please mail to the address below.

(1) Please submit a copy of your ordination or license or certificate.

(2) Two 2x2 photos (wearing cleric shirt or shirt and tie for men and conservative blouse for women).

STATEMENT OF FAITH

As a Christian I do hereby agree and accept the following:

- In one God, creator and sustainer of all things, infinitely perfect and eternally co-existing in three persons – Father, Son, and Holy Spirit.
- The Scriptures, both the Old and New Testaments, are the inspired and trustworthy Word of God, the complete revelation of His will for the salvation of human beings, and the final authority for all matters about which it speaks.
- That human nature derives from two historical persons, male and female, created in God's image. They were created perfect, but they sinned, plunging themselves and all human beings into sin, guilt, suffering, and death.
- That the substitutionary death of Jesus Christ and His bodily resurrection provide the only grounds for justification, forgiveness, and salvation for all who believe, and only those who trust in Him alone are born of the Holy Spirit, true members of the Church, and will spend eternity with Christ.
- That the Holy Spirit is the agent of regeneration and renewal for believers in Christ, that He makes the presence of Jesus Christ real in believers, and that He comforts, guides, convicts, and enables believers to live in ways that honor Him.
- That ministry to persons also acknowledges the complexity of humans as physical, psychological, social, and spiritual beings. The ultimate goal of Christian ministry is to help others move to personal wholeness, interpersonal competence, mental stability, and spiritual maturity.

Signature

Print Name

Date

Once your completed application has been received by our office, it will be reviewed by the Advisory Committee. All applicants that satisfy or do not satisfy the necessary requirements will be notified.

Certification:

The information and documents that I have provided is accurate and true to the best of my knowledge. By signing below, I also do hereby authorize Christian Clergy International, Inc. (CCI), its administration and any assignees to do a back-ground check on me in regards to the validity of any and all documents I have, or may present to them, my credit history and any criminal history. I understand that any false information I may give on this entire application may cause my application to be denied. I also understand that a \$50 non-refundable processing fee will be charged to me in order to have my application reviewed, that the total filing fee is \$150, and that the annual Membership Fee is \$125. I fully understand and agree that CCI reserves the right to decline any applicant and to dismiss any member at their sole discretion.

Signature

Print Name

Date

Mail your completed application to:

Christian Clergy International, Inc.
Office of the Bishop
Advisory Committee on Ordination
405 RXR Plaza
Uniondale, NY 11556