



LICENSING AND ORDINATION POLICY

FCMI does license and ordain ministers. Please contact the FCMI office for additional information on licensing and ordination. Any minister join FCMI must indicate what church or denomination has granted his/her license or ordination. The membership committee reserves the right to require a personal appearance of the applicant before determination is given.

Please check current ministry function: (Maximum of 3)

<input type="checkbox"/> AD-Administrator (Church/School/Camp)	<input type="checkbox"/> HE-Helps	<input type="checkbox"/> PM-Prison/Jail Minister
<input type="checkbox"/> AM-Associate Minister	<input type="checkbox"/> IN-Inactive in Ministry	<input type="checkbox"/> PR-Prophet
<input type="checkbox"/> AP-Apostle	<input type="checkbox"/> MC-Military Chaplain	<input type="checkbox"/> SM-Singles Minister
<input type="checkbox"/> AS- Assistant or Associate Pastor	<input type="checkbox"/> MI-Missionary	<input type="checkbox"/> ST-Bible School Student
<input type="checkbox"/> CM-Children's Minister	<input type="checkbox"/> MM-Music Minister	<input type="checkbox"/> TE-Teacher
<input type="checkbox"/> EV-Evangelist	<input type="checkbox"/> PA-Pastor	<input type="checkbox"/> YM-Youth Minister
<input type="checkbox"/> HC-Hospital Chaplain	<input type="checkbox"/> PC-Police Chaplain	<input type="checkbox"/> OT-Other

Helps (Please Explain) _____ Other (Please Explain) _____

Activity: Full Time Part Time Inactive Retired

List Schools (Bible, Trade, Correspondence, College) and year of completion: _____

Other preparations or experience: (Churches Pioneered or Pastored, Evangelistic Meeting, etc.) _____

Employment if not in full time ministry _____

Name and address of your Pastor _____

Have you ever had any civil judgments or criminal proceedings against you? _____

If so, explain _____

Are there currently any judgments against you? _____

If so, explain _____

Name and address of sponsor who will submit recommendation: _____

Sponsor _____

Name and address of two (2) personal references: (Please include phone numbers) _____

Ministry: _____

Business: _____

Do you agree with the vision of FCMI? _____

Will you do your best to be an active part of this conference? _____

Payment option:

Cash Check Money order Credit Card

Enclosed is my check for \$ _____

Please charge my credit card MasterCard Visa American Express Discover in the amount of \$ _____

Name That Appears On Card: _____

Account Number: _____ Expiration Date: _____

Applicant's Signature: _____