REGISTRATION OF MY CALL TO MINISTRY

Download and Complete All Information

FULL NAME: _			
ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:			_
E-MAIL:			
I feel called to mi	nister in the follo	wing areas:	
Churc	h Administrator	Chaplain	Educator
Evangelist		Christian Ed.	Music
Missionary		Pastor	Unsure
Song l	Evangelist	Lay Minister	
My local pastor is	S:		
District:			
	Complete the form Keep one copy.	and print five copies.	
	1 1	each of the following:	
	Your local pastor	•	
	Clergy Developme		
	The District Super		
		sterial Studies Board Secreta	ry
	(Rev. Steve Shotts stevemsbsec@gma	•	
	FirstChurch of the		
	P.O. Box 369	I THE CITY	
	Benton, Illinois 62	2812	