

Because Of Calvary, Inc 20 - 3916088

Because Of Calvary Incorporated

172 Sasser Store Road Bainbridge, GA 39817



Rev. Dane Eidson: President/CEO

Rev. Steve Herendeen: Vice President

Delores C. Eidson: Secretary/Treasurer

Majorie Herendeen: Ministry Advisor

Rev. Lloyd Markham Assistant Administrator

MINISTERIAL APPLICATION

(TYPE OR PRINT ONLY)

DATE ____ / ____ / ____

Please state if you are applying for Licensed or Ordained Minister Credentials. All Applicants must agree to abide and be governed by all of the Constitution and Bylaws of Because of Calvary Incorporated. Make sure you submit a recent 5x7 photograph of yourself with this application. Be sure to include a money order or Cashier's Check in the amount of \$35.00 (USD) paid to the order of Because of Calvary Inc. to cover your process fee for your application. All fees are non refundable.

Full Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Phone () _____ - _____ Birth Date _____ Nationality _____

Where Born? _____ Marital Status: S _____ M _____ Div. _____

If divorced, state reason _____ Male or Female _____

Spouse's Name _____ Date of Marriage _____

Have you been remarried? _____ Number of Times _____ Do you use Narcotics? _____

Church you attend _____

Pastor's Name & Telephone Number _____

Your Present Ministerial Activities

When and where were you saved?

I agree by stating "Yes" I agree that peripheral doctrines do not determine one's standing with God. _____

By stating "Yes" I also agree to never force my personal convictions which have nothing to do with the Cardinal Doctrines nor with the Constitution and bylaws of Because Of Calvary Inc on anyone _____

Credentials desired: Ordained. _____ License. _____ Credentials previously held: Ordained. _____ License. _____

Do you carry credentials with another organization? If yes, give name, address and telephone of organization:

What non for profit civic group and/or organization do you currently belong to that addresses the needs of your neighborhood and city? _____

Please give the address and phone number of this organization. _____

Have you ever had your credentials revoked? If yes, give reason

Will you teach and practice water baptism according to Matthew 28:19? _____

Years as Pastor _____ Evangelist _____ Teacher _____ Other _____

Education and Training

Highest education or lack of education doesn't negate your genuine call of God to the ministry. This is for reference only.

Last grade attended: (one through 12) _____ Years of College _____

List Colleges(s) attended and Degrees earned

Please enclose a copy of certificate of degree

Are you presently employed in secular work? _____ What type of secular work have you followed? _____

Please remit a one time registration fee with your application. (This fee is non refundable.)

Annual renewal fees are required to be paid each year no later than 10 business days after the anniversary of your issue of Credentials. The fee for application processing is \$35.00 (USD). Annual renew fees are \$35.00 (USD) for Licensed Ministers and \$50.00 (USD) for Ordained Ministers.

A registration fee **must** accompany each application, including applications for promotion from one level of ministry to another.

You must agree to:

I agree with all the Cardinal Doctrines of Christianity as stated in the Constitution and Bylaws of Because of Calvary Inc. I also agree to abide by and be governed by the same

I have read and fully and clearly understand all of the Constitution and bylaws of Because Of Calvary Inc.

I will support this fellowship by prayers, financial giving and active participation.

I will give 5% of my earnings gained from the service and functions as a Christian minister to Because of Calvary Inc.

I affirm that the information I have given above is correct to the best of my knowledge.

\$35.00 registration fee paid _____ Signed _____

**Recommending Minister's Signature,
Address and Telephone Number**

1. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Official Use Only	
Application considered on _____ / _____ / _____	Accepted _____ Rejected _____
_____ President/CEO	_____ Any other member of the Board of Directors