

# **CREDENTIAL APPLICATION**

OF THE

## **ASSOCIATION OF INTERNATIONAL GOSPEL ASSEMBLIES, INC.**

**411 South Third Street - De Soto, Missouri 63020**

**Telephone: (636) 586-3641    Email: [info@aigahq.com](mailto:info@aigahq.com)    Website: [aigahq.org](http://aigahq.org)**

**Email PDF applications to [applications@aigahq.com](mailto:applications@aigahq.com)**

Dear Applicant:

Our credentials officially recognize a preacher's God-given ministry, which has already been proven. These credentials are given that our ministers may have the benefit of equal rights by law and in business with ministers of other religious organizations. We require that our ministers have a PROVEN MINISTRY. We also issue fellowship cards to Christian Workers.

CHRISTIAN WORKERS credentials may be issued to a person who has a call on his or her life to work for the Lord in some field other than that of preaching, pastoring or evangelizing. This may include Choir Director, Musician, Sunday School Superintendent, teacher, hospital visitation worker, house-to-house visitation, altar worker, street or jail service worker, or a ministry other than that of preaching.

EXHORTER credentials may be issued to a person that is working part time, who is not supported through his or her ministry; a person who is working under the leadership of a more mature minister. This credential is to be used by all those who have felt the call to preach and are just starting out in the ministry. The person holding this credential may preach, hold revivals, or do other religious work of any type under the direction of a Licensed or Ordained Minister. Beginning ministers must hold this credential for a period of 1 - 2 years before applying for higher credentials depending upon their proven ministry.

LICENSE (to preach) credentials may be issued to those ministers who are working-part time or full-time as a pastor or evangelist, conducting services. These credentials will be issued only AFTER two years or more of a minister's consistent and proven ministry.

ORDINATION credentials may be issued to those who have been pastors or evangelists for four years or more of ministry. Applicants for this credential must have a consistent and mature proven ministry.

In each case an applicant's life must be above reproach. Applicants for License and Ordination must have experienced the Baptism of the Holy Ghost according to Acts 2:1-4, with the evidence of speaking in tongues. Each application is considered individually by the Credentials Committee. All questions on the application must be completed before it will be presented to the committee for consideration. Failure to present a completed application may result in a delay in the approval and processing of the credential applied for or a lax in the application process could cause a non-favorable vote by the Credential Committee.

If you have any questions concerning the application process, please feel free to contact our office. When contacting the office concerning credential applications, request the Credential Committee department.

Sincerely,

Rev. Hazel Arlene Rayl

General President

THE FOLLOWING REQUESTED INFORMATION IS NEEDED FOR THE PROCESSING OF YOUR APPLICATION AND OUR OFFICE FILES. PLEASE ANSWER ALL QUESTIONS. FAILURE TO SUBMIT ALL NECESSARY INFORMATION, AS REQUIRED, WILL RESULT IN THE DELAY OF PROCESSING YOUR APPLICATION OR COULD CAUSE THE NON-APPROVAL OF YOUR APPLICATION.

Please print or type....

1. Name \_\_\_\_\_  
Last First Middle Suffix

2. Mail Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

3. Resident Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

4. Residence Phone (\_\_\_\_\_) \_\_\_\_\_ 5. Office Phone (\_\_\_\_\_) \_\_\_\_\_

6. E-Mail address \_\_\_\_\_ 7. Fax Number (\_\_\_\_\_) \_\_\_\_\_

8. Cell Phone (\_\_\_\_\_) \_\_\_\_\_ 9. Social Security Number \_\_\_\_\_

10. Place of Birth: City \_\_\_\_\_ State/Country \_\_\_\_\_

11. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

12. SEX:  Male  Female 13. Are you a United States Citizen?  Yes  No OR Permanent Resident?  Yes  No

NOTE: If you were born in a foreign country, use a US address, and are requesting a US ministerial credential (instead of foreign), an I-9 form and a W-9 form will need to be completed (officiated by an AIGA official), and you will need to supply a copy of your green card or proof of US citizenship.

14. RACE-Check one:  Caucasian American  Native American  African American  Asian American  
 Hispanic American  Other \_\_\_\_\_

15. MARITAL STATUS:  Single  Engaged  Married  Widow  Widower  Separated  Divorced  Remarried

15. Spouse's Name (if married) \_\_\_\_\_ Children (number) \_\_\_\_\_

16. How many years have you been: A Christian \_\_\_\_\_ Preaching \_\_\_\_\_ Pastoring \_\_\_\_\_  
Are you now pastoring?  Yes  No If yes, name and address of Church \_\_\_\_\_

17. Have you ever backslid since receiving salvation?  Yes  No  
If yes, did you divorce or remarry during the time you were backslidden?  Yes  No  
When did you rededicate your life back to Christ? \_\_\_\_\_

18. Have you or your mate been divorced since becoming a Christian?  Yes  No  
If yes, have you remarried?  Yes  No  
If answer to questions 18 or 19 are yes, explain here or attach a signed/dated statement: \_\_\_\_\_

19. Do you agree that any unethical practice on your part automatically expels you and your credential certificate with AIGA must be surrendered?  Yes  No Comment: \_\_\_\_\_

20. EDUCATIONAL DATA: Indicate the highest grade completed- \_\_\_\_\_  
Do you have a High School Diploma or GED?  Yes  No  
(Circle the highest) College- 1 2 3 4 Masters, Doctorate, Other \_\_\_\_\_

22. I am applying for:  Ordination  License  Exhorter  Christian Worker  
(Note: application fee is non-refundable)  
I have viewed the attached annual membership requirements and I am in agreement.  Yes  No

23. You are:  A new applicant applying for the first time.  
 Upgrading to a higher level of credentials.  
 Reinstating credentials.

24. Have you previously held credentials with AIGA?  Yes  No

**\* If not seeking Ordination, please skip to question 26.**

25. Ordination applicant, date you were Ordained: \_\_\_\_\_  
Name of organization you were Ordained by: \_\_\_\_\_  
Name of Church where you were Ordained: \_\_\_\_\_  
Located (City, State) \_\_\_\_\_  
By whom (name of persons that laid hands on you): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 26. Have you ever carried ministerial credentials/license with another religious organization?  Yes  No

If yes, which one? \_\_\_\_\_

Why did you leave it? \_\_\_\_\_

If you are currently holding ministerial credentials/license with another organization, do you intend to relinquish them if approved for ministerial credentials with AIGA?  Yes  No  I am not currently carrying ministerial credentials with any organization.

27. Have you ever been convicted of a crime?  Yes  No If yes, are you now incarcerated?  Yes  No

If either answer is yes, explain \_\_\_\_\_

28. As pertains to AIGA Applicants:

Do you feel led of God to come into this Association?  Yes  No

If you come into this Association will you help promote it?  Yes  No

Have you read the Constitution and By-laws of AIGA?  Yes  No

Are you willing to confirm and abide by them?  Yes  No

Do you know and believe our Doctrine of Faith?  Yes  No

Will you preach, teach and abide by it?  Yes  No

29. Do you teach and practice Water Baptism according to Matthew 28:19?  Yes  No

30. Do you believe in paying tithe?  Yes  No If no explain \_\_\_\_\_

31. Do you promise not to talk evil or do any harm to your brethren?  Yes  No

32. Do you pay your honest debts?  Yes  No

Comments: \_\_\_\_\_

Please check Yes or No in answering the following Questions....

33. Are you in the full-time ministry?  Yes  No

34. Are you supported entirely by your ministry?  Yes  No

35. Have you secular employment?  Yes  No

If so, how many hours a week do you work? \_\_\_\_\_

36. Do you use any forms of Liquor?  Yes  No

Do you use any forms of Tobacco?  Yes  No

Do you use any forms of Narcotics? (other than prescription medication)  Yes  No

37. Do you have the Baptism of the Holy Ghost according to Acts 2:1-4, as an enduement of power for service to the Lord?  Yes  No

38. Are you at the present time living a clean, consistent Christian life, according to the New Testament standards of Holiness?  
(Gal 5:22,23 – Phil 4:8)  Yes  No

39. Is Christ first in your life and the salvation of souls more important to you than self-edification? (Gal 2:20, Romans 12)  Yes  No

40. Will you strive for the unity of the entire Body of Christ (John 17:21)  Yes  No

41. Are you now a soul winner? (Proverbs. 11:30)  Yes  No

42. Do you have a definite call to preach the Gospel? (Romans 10:15)  Yes  No

PLEASE READ CAREFULLY

ORDINATION, LICENSE or EXHORTER credential applicants must supply the names of two or three Ordained or Licensed Ministers that have known the applicant for at least two years and has an ongoing knowledge of their life and work in the church. These recommenders must be Licensed or Ordained ministers currently in good standing with AIGA or another reputable religious organization (not a local Church). The AIGA Credential Committee will contact your recommenders.

CHRISTIAN WORKER credential applicants must supply the name of at least one Ordained or Licensed Minister that has known the applicant for at least two years and has an ongoing knowledge of their life and work in the church. This recommender must be a Licensed or Ordained minister currently in good standing with AIGA or another reputable religious organization (not a local Church). The AIGA Credential Committee will contact your recommender(s).

**NOTE:** PRINT COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF ALL RECOMMENDERS. Failure to supply complete, accurate information will delay your application process.

#1 Recommenders Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

#2 Recommenders Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

#3 Recommenders Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

The application will not be approved until all of the recommender's letters have been received and evaluated.  
**If submitting by mail attach a passport size personal photo. If filing on line email a photo to applications@aigahq.com**

Checks payable to: AIGA or Association of International Gospel Assemblies, Inc.  
Payment by credit or debit card may be made by phoning the AIGA office  
Monday through Thursday 9 AM to 4 PM at 1-636-586-3641

I declare the above statements on all pages to be true and I acknowledge that any false statements will be considered a cause for probable revoking of my credential. I understand that, as an applicant for credentials, I may be subject to investigation if it is deemed necessary by the Credential Committee of AIGA, and I agree that I will cooperate with such an investigation. I hereby authorize AIGA to conduct an investigation of my personal history, police or criminal records.

I authorize all educational institutions, police departments, individuals, companies and their representatives to supply any information concerning my background, and I release them from any liability and responsibility arising from them doing so.

I agree that I will return my credentials to the General Secretary of the Association of International Gospel Assemblies, Inc. if I should leave the Association for any reason.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

⇩ FOR OFFICE USE ONLY ⇩

Reviewed by the Credential Committee at DeSoto, MO on this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_ by a vote of \_\_\_\_\_ for, and a vote of \_\_\_\_\_ against.

Signed by the Credential Committee Chairperson...

Rev. \_\_\_\_\_