



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 Website: aigahq.org

Email PDF applications to 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 Association of International Gospel Assemblies, Inc. Application of Membership and Ministerial Credentials.

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR APPLICATION AND UPDATE OUR OFFICE FILES. PLEASE ANSWER **ALL** QUESTIONS. FAILURE TO SUBMIT ALL NECESSARY INFORMATION, AS REQUIRED, WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION OR COULD CAUSE YOUR APPLICATION TO BE DISAPPROVED.

LAST NAME _____ FIRST: _____ MIDDLE: _____ SUFFIX: _____

ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP: _____ EMAIL: _____

PHONE: _____ WORK PHONE: _____ SSN: _____

PREVIOUS NAMES USED: _____
(LIST ALL, INCLUDING LAST NAMES FROM PREVIOUS MARRIAGES)

PLACE OF BIRTH: _____
(CITY) (STATE/COUNTRY) (DATE OF BIRTH)

SEX: MALE ☐ FEMALE ☐ ARE YOU A UNITED STATES CITIZEN 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

RACE (CHECK ONE): CAUCASIAN AMERICAN ☐ AFRICAN AMERICAN ☐ ASIAN AMERICAN ☐ NATIVE AMERICAN ☐

HISPANIC AMERICAN ☐ OTHER _____

MARITAL STATUS: ☐ SINGLE ☐ ENGAGED ☐ MARRIED ☐ WIDOWED ☐ WIDOWER ☐ DIVORCED
☐ SEPARATED ☐ REMARRIED

Spouse's Name (if married) _____ Children (number) _____

How many years have you been a Christian _____ Preaching _____

Pastoring _____ Missionary _____ Evangelist _____

If Currently Pastoring, Name of Church _____

Address of Church _____

IS YOUR SPOUSE SUPPORTIVE OF YOUR MINISTRY? N/A ☐ Yes ☐ No ☐

IF NO, PLEASE EXPLAIN: _____

The Association of International Gospel Assemblies, Inc. Application of Membership and Ministerial Credentials.

HAVE YOU EVER BACKSLIDDEN SINCE BEING SAVED? Yes ☐ No ☐

IF YES, HAVE YOU DIVORCED OR REMARRIED WHILE BACKSLIDDEN? Yes ☐ No ☐

IF YOU HAVE BACKSLID, WHEN DID YOU REDEDICATE YOUR LIFE BACK TO THE LORD? _____

HAVE YOU OR YOUR SPOUSE BEEN DIVORCED SINCE BECOMING A CHRISTIAN? Yes ☐ No ☐

IF THE ANSWER TO THE ABOVE QUESTION IS YES, THEN ATTACH A WRITTEN, SIGNED, AND DATED STATEMENT EXPLAINING THE CIRCUMSTANCES CONCERNING THE DIVORCE.

DO YOU ACKNOWLEDGE THAT YOU UNDERSTAND THAT ANY INTENTIONAL MISREPRESENTED OR UNTRUE STATEMENTS MADE ON THIS APPLICATION MAY BE GROUNDS FOR REVOCATION OF YOUR CREDENTIALS? AND ANY UNETHICAL OR IMMORAL WILLFUL ACT WILL BE GROUNDS FOR REVOCATION OF YOUR MEMBERSHIP AND MINISTERIAL LICENSE, AND ALL CREDENTIALS MUST BE RETURNED?

Yes ☐ No ☐

COMMENTS: _____

EDUCATIONAL BACKGROUND: HIGHEST LEVEL OF EDUCATION OBTAINED? _____

HIGH SCHOOL OR EQUIVALENT: Yes ☐ No ☐ NAME OF SCHOOL _____

COLLEGE DEGREE OR CREDIT HOURS EARNED: _____ MAJOR: _____

NAME AND ADDRESS OF COLLEGE: _____

I AM APPLYING FOR (CHECK ONE): CHRISTIAN WORKER. ☐ EXHORTER ☐ LICENSE ☐ ORDINATION ☐

(APPLICATION FEES NON-REFUNDABLE)

I HAVE REVIEWED AND AGREE TO THE ANNUAL MEMBERSHIP REQUIREMENTS. Yes ☐ No ☐

HAVE YOU PREVIOUSLY HELD CREDENTIALS WITH THE AIGA? Yes ☐ No ☐

YOU ARE: ☐ A NEW APPLICANT APPLYING FOR THE FIRST TIME
☐ UPGRADING TO A HIGHER LEVEL OF CREDENTIAL
☐ REINSTATING CREDENTIALS

IF YOU ARE NOT SEEKING ORDINATION, SKIP TO THE NEXT QUESTION:

ORDINATION APPLICANT, DATE YOU WERE ORDAINED _____ CHURCH OR ORGANIZATION _____

LOCATION, CITY/ STATE _____

NAME OF MINISTERS ADMINISTERING THE ORDINATION _____

HAVE YOU PREVIOUSLY BEEN LICENSED WITH ANOTHER DENOMINATION OR ASSOCIATION: Yes ☐ No ☐

IF YES, THE NAME OF THE ORGANIZATION: _____

THE REASON FOR LEAVING: _____

DID YOU LEAVE IN GOOD STANDING: _____

THE NAME OF THE OVERSEER/BISHOP OR PRESIDENT: _____

IF CURRENTLY LICENSED WITH ANOTHER DENOMINATION OR ASSOCIATION, WILL YOU RELINQUISH THEIR CREDENTIAL?

YES ☐ NO ☐

IF NO, STATE THE REASON WHY: _____

(ATTACH A SEPARATE NARRATIVE PAGE IF NEEDED)

DO YOU FEEL LED TO BECOME A PART OF THE AIGA? YES ☐ NO ☐

WILL YOU PROMOTE AIGA? YES ☐ NO ☐

HAVE YOU READ AIGA'S CONSTITUTION AND BYLAWS? 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 ☐

DO YOU TEACH AND PRACTICE WATER BAPTISM IN ACCORDANCE WITH MATTHEW 28:19? YES ☐ NO ☐

IF NO, EXPLAIN: _____

DO YOU BELIEVE IN PAYING TITHES? YES ☐ NO ☐ IF NO PLEASE EXPLAIN: _____

DO YOU PROMISE TO NOT TALK EVIL OR DO HARM TO A BROTHER OR SISTER IN THE LORD? ☐ YES ☐ NO

DO YOU PAY YOUR HONEST DEBTS? YES ☐ NO ☐

COMMENTS: _____

DO YOU HAVE A SECULAR JOB? YES ☐ NO ☐

IF SO, HOW MANY HOURS A WEEK DO YOU WORK? _____

DO YOU USE ANY FORM OF LIQUOR? YES ☐ NO ☐

DO YOU USE ANY FORM OF TOBACCO? YES ☐ NO ☐

DO YOU USE ANY FORM OF DRUGS OR NARCOTICS? YES ☐ NO ☐

(OTHER THAN PRESCRIPTION MEDICATION)

DO YOU HAVE THE BAPTISM OF THE HOLY GHOST, EVIDENCED BY SPEAKING IN OTHER TONGUES? (ACTS 2:1-4) YES ☐ NO ☐

ARE YOU LIVING IN ACCORDANCE WITH THE BIBLICAL STANDARDS OF HOLINESS? (GAL. 5:22-23 & PHIL. 4:8) YES ☐ NO ☐

IS CHRIST FIRST IN YOUR LIFE, & THE SALVATION OF THE LOST MORE IMPORTANT THAN SELF? (GAL.2:20, ROM12) YES ☐ NO ☐

WILL YOU STRIVE FOR UNITY IN THE BODY OF CHRIST? (JOHN 17:21) YES ☐ NO ☐

ARE YOU A SOUL WINNER? (PROV. 11:30) YES ☐ NO ☐

DO YOU HAVE A DEFINITE CALL TO PREACH? (ROM. 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 (2) YEARS AND HAS AN ONGOING KNOWLEDGE OF THEIR LIFE AND WORK IN THE CHURCH. THE RECOMMENDERS MUST BE LICENSED OR ORDAINED MINISTERS CURRENTLY IN GOOD STANDING WITH THE 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 WHO HAS KNOWN THE APPLICANT FOR AT LEAST TWO (2) YEARS AND HAS AN ONGOING KNOWLEDGE OF THEIR LIFE AND WORK IN THE CHURCH. THE RECOMMENDER MUST BE A LICENSED OR ORDAINED MINISTER CURRENTLY IN GOOD STANDING WITH THE AIGA OR ANOTHER REPUTABLE RELIGIOUS ORGANIZATION (NOT A LOCAL CHURCH). THE AIGA CREDENTIAL COMMITTEE WILL CONTACT YOUR RECOMMENDER(S).

NOTE: PRINT COMPLETE NAMES, ADDRESSES, PHONE NUMBERS & EMAIL ADDRESSES.

FAILURE TO SUPPLY COMPLETE AND ACCURATE INFORMATION WILL DELAY YOUR APPLICATION PROCESS.

#1 RECOMMENDER'S NAME: _____

STREET: _____ **CITY:** _____ **STATE/COUNTRY:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

#2 RECOMMENDER'S NAME: _____

STREET: _____ **CITY:** _____ **STATE/COUNTRY:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

#1 RECOMMENDER'S NAME: _____

STREET: _____ **CITY:** _____ **STATE/COUNTRY:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **EMAIL:** _____

YOUR APPLICATION WILL NOT BE APPROVED UNTIL THE CREDENTIAL COMMITTEE RECEIVES ALL RECOMMENDATION FORMS.

RECOMMENDATION FORMS MAY BE DOWNLOADED AT: [HTTPS://WWW.AIGAHQ.COM/MEMBERS.HTML](https://www.aigahq.com/members.html)

IF APPLYING BY POSTAL MAIL, INCLUDE A PASSPORT-SIZE COLOR PICTURE OF YOURSELF. IF APPLYING BY EMAIL, ATTACH A PHOTO TO THE EMAIL. IF ADOBE E-FILE SENDS THE APPLICATION, SEND AN EMAIL WITH A PHOTO OF YOURSELF ATTACHED.

EMAIL TO: APPLICATIONS@AIGAHQ.COM

CHECKS SHOULD BE MADE OUT TO: AIGA OR ASSOCIATION OF INTERNATIONAL GOSPEL ASSEMBLIES, INC.

MAILING ADDRESS: 411 SOUTH THIRD STREET – DeSOTO, MISSOURI 63020 USA

PAYMENTS MAY ALSO BE MADE BY SCANNING THE QR CODE

OR BY GOING TO THE AIGA WEBSITE AT: [HTTPS://WWW.AIGAHQ.COM](https://www.aigahq.com)

IF YOU HAVE NO INTERNET ACCESS, YOU MAY CALL THE OFFICE AT 636-586-3641 DURING REGULAR BUSINESS HOURS.



SIGNATURE PAGE:

I DECLARE THE ABOVE STATEMENTS ON ALL PAGES TO BE TRUE, AND I ACKNOWLEDGE THAT ANY FALSE STATEMENTS WILL BE CONSIDERED GROUNDS FOR REVOCATION OF MY CREDENTIALS. I UNDERSTAND THAT, AS AN APPLICANT FOR CREDENTIALS, I WILL BE SUBJECT TO INVESTIGATION AS DEEMED NECESSARY BY THE AIGA CREDENTIAL COMMITTEE, AND I AGREE TO COOPERATE WITH SUCH AN INVESTIGATION. I HEREBY AUTHORIZE AIGA TO INVESTIGATE MY PERSONAL HISTORY, POLICE, AND CRIMINAL RECORDS. I AUTHORIZE ALL EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, 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 TO RETURN MY CREDENTIALS TO THE GENERAL SECRETARY OF THE ASSOCIATION OF INTERNATIONAL GOSPEL ASSEMBLIES, INC. IF I 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. _____