Association of International Gospel Assemblies, Inc.

411 South Third Street * DeSoto, Missouri 63020

Phone: 636-586-3641 * Fax: 636-586-6407 * E-mail: cc@aigahq.com

DATE: _____

_____

RECOMMENDER'S NAME

_____

ADDRESS

_____

PHONE

_____

EMAIL

APPLICANT'S NAME: _____

CITY/STATE/ZIP: _____

LEVEL OF MINISTERIAL CREDENTIAL APPLIED FOR: _____

Dear Recommender:

Christian greetings in the name of our Lord, Jesus Christ. Our office recently received an application for ministerial credentials with the Association of International Gospel Assemblies, Inc., and your name was indicated as a personal recommender.

Please complete the information below. When completed, please sign, date, and return it to AIGA Headquarters as soon as possible to avoid any delays in processing the application. If you find you have any questions, please don't hesitate to contact us.

Your assistance in this matter is greatly appreciated. May God bless you.

Sincerely,

CREDENTIAL COMMITTEE of

Association of International Gospel Assemblies, Inc.

A. How long have you known the applicant? _____

B. Do you feel she is qualified for the level of credential applied for? _____

C. Have you heard the applicant preach? _____

D. Would this be a person you would be pleased to have to work with your ministry? _____

E. To the best of your knowledge, has the applicant ever been involved with any behavior inappropriate to that of a Christian? YES, _____ NO_____. If yes, please explain: _____

_____

_____

COMMENTS: _____

_____

_____

F. Type of ministerial credential/license you currently carry: _____

G. Name of organization that has issued your current ministerial credential/license. _____

Address and phone number of organization_____

_____

H. Name, address, and phone number of your own personal ministry. _____

_____

Signed: _____ Date_____