

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 creational Gospel Assemblies, Inc., and your name was indicated as a personal recommender.	edentials with the Association of
Please complete the information below. When completed, please sign, date, and return it to AIGA Headquarters as soon as processing the application. If you find you have any questions, please don't hesitate to contact us.	s possible to avoid any delays in
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_	