FAITH COVENANT MINISTRIES

24 WHALEN AVENUE SICKLERVILLE, NEW JERSEY 08081 PHONE: (609) 209-3051 E-MAIL: FCMAKMJMSM@CS.COM

LICENSING APPLICATION

Name					
Hm Phone ()	Fax ()	E-mail address			
Home Address		Work Ph ()			
City	State	Zip Code			
Mailing Address	iling Address Your Birthdate				
Single Married	Divorced Remarrie	ed Widowed			
Number of Dependents	When were you b	orn again?			
When were you filled with the Holy	/ Spirit? (Acts 2:4)				

PREVIOUS MINISTERIAL EXPER	RIENCE:				
Have you been Licensed through	another organization?	YesNo			
With whom?		Date			
EDUCATION: (include Bible school	ols, trade schools or correspo	ondence schools)			
EMPLOYMENT HISTORY:					
PRESENT FIELD OF MINISTRY:					
Pastor	Evangelist	Teacher			
Assistant Pastor	Missionary	Chaplain			
Youth Pastor (describe)	Helps (describe)	Other			
					

ACTIVITY:	Full	Part time	Inactive	Retired			
1. Are you cor	mmitted to a	a local church?	Yes	No			
To what level	?Dee	eplyMode	eratelyL	ittle			
2. Your Pasto	r's name						
Church				Phone			
Address							
City				State		Zip_	
				iliar with your life			
one pastor:							
Name Phon	ie						
a							
b							
C							
Signature					Date	/	/
-				\$83.00 for a sing			
couple if atter	nding an FC	M church or \$12	25.00 per sing	le and \$155.00 p	per couple for	non-FCN	1

Revised 02/13/12

members.