

MINISTER APPLICATION
 For Membership In The
Gospel Ministerial Alliance, Inc.
 PO BOX 629 Brady, TX 76825
 325-597-3743 gma@wcc.net

Date _____ 20_____

Please print clearly!

Name _____ SSN _____
 Address _____
 City _____ State _____ Zip _____
 Mailing address if different _____
 City _____ State _____ Zip _____
 Phone # _____ E-Mail _____

I, _____, certify that the answers to the following questions are my honest convictions.

Please answer every question.

1. Is the blood of Jesus the price paid for our redemption? Yes _____ No _____
2. Is everyone that believes that Jesus is the Christ, born of God? Yes _____ No _____
3. Do you believe that water baptism is essential to salvation? Yes _____ No _____
4. Have you been baptized in water In the name of Jesus Christ? Yes _____ No _____
5. What is the meaning of repentance? Check one. Change of mind _____, Joining the church _____,
 Confession of sins _____, Godly sorrow for being what you are _____, Reforming your life _____.
6. Have you the baptism of the Spirit with the evidence of tongues? Yes _____ No _____
7. Is the baptism of the Holy Ghost the birth of the spirit? Yes _____ No _____
8. Do you believe that you can lose the baptism of the Holy Ghost? Yes _____ No _____
9. Is a minister qualified to preach the Gospel without the baptism of the Holy Ghost? Yes _____ No _____
10. Are you in full time ministry? Yes _____ No _____
11. Do you believe that we can, in this present age, rule and reign with Jesus in the Kingdom of God with power and authority? Yes _____ No _____
12. Do you believe that the Holy City, New Jerusalem is Heaven? Yes _____ No _____
13. Is the lake of fire the reward for unbelievers? Yes _____ No _____
14. Is the lake of fire limited in time? Yes _____ No _____
15. Are you a member of a religious organization? Name _____
16. Have you been ordained? Yes ___ No ___ If so by whom _____ when _____
17. What ministry are you following? Pastor _____ Evangelist _____ Other _____
18. Give the name and address of the Church with which you are affiliated.
 Name _____ Address _____

CREDENTIAL COMMITTEE:

Applicant _____
 Sponsor _____
 Sponsor _____



Approving Official
