

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



\_\_\_\_\_