

APPLICATION FOR FULL MEMBERSHIP AND ORDINATION

Name _____ District _____

Preferred Contact Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Fax: _____ Email: _____

Being fully persuaded that God has called me to be a minister of the gospel of Jesus Christ, and having completed the residency requirements, I hereby request the interview packet for:

- Full Membership and Ordination Deacon Elder

If you have credentials from another denomination, please select which track you are pursuing:

- Full Membership and Recognition of Orders (Other Denomination, ¶ 347.3)

Denomination: _____

Seminary _____ Date Graduated _____ Degree _____

Current Appointment: _____

Is this your only appointment since becoming a Provisional Member? Yes No

If not, where else have you served?

Have you applied previously? Yes No If yes, when? _____

Have you completed the conditions required by the Board of Ordained Ministry? Yes No

Release of Personal and File Information

By submitting this form, I give permission for all references and materials submitted by me to be released to members of the Indiana Conference Board of Ordained Ministry and their appointed interview teams. I further authorize the Indiana Conference of The United Methodist Church to run a criminal background and credit check. (Please Note: You will receive an email directing you to a secure website to give the information needed for us to run this report. Your information will be kept confidential and will only be released to the most pertinent individuals for your process.)

Signature

Date

Complete and upload into eBridge. For questions contact ministerialservices@inumc.org.