



EMBASSY MINISTERIAL ASSOCIATION

Affiliation Status Change

Request new status of: License Ordination

Please complete this form if you are a current member of EMA and would like to change your present affiliation status. Include the completed Affiliation Status Change form and the status change fee of **\$50.00 USD** for each associate made payable to EMA. After successful completion and careful consideration, we will review your application for status change. Thank you!

[Please type or print clearly]

Date ____/____/____

Name: _____

Home Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail Address: _____ Website: _____

Marital Status: Single Married Engaged Divorced Remarried Widowed

Spouses Name _____ Date of Marriage ____/____/____

My Ministry is: Itinerant Pastor Missionary In-House/Staff Minister Christian Worker

Do you currently Pastor a church? Yes No

➤ If Yes what is your:

Church Name: _____ Church Anniversary ____/____/____

Church Address: _____

Church Phone: (____) _____ Fax: (____) _____

➤ If No, please list your home church:

Church Name: _____ Senior Pastor's Name: _____

Church Address: _____

Church Phone: (____) _____ Fax: (____) _____

➤ Do you still agree with and believe in “The Basic Statement of Belief” of Embassy Ministerial Association? Yes No (If No, please explain on a separate paper.)

➤ Are there any other changes regarding your ministry that need to be made in our membership directory or your EMA file? _____

➤ My **current** affiliation status is: Timothy Papers License Ordination

I would like to **change** my affiliation status to: License Ordination

➤ How long have you held your current status with EMA? _____

PLEASE ATTACH A BRIEF 300-400 WORD STATEMENT ABOUT YOUR GROWTH AS A MINISTER OF THE GOSPEL AND THE NEED FOR CHANGE OF EMA STATUS.

STATEMENT OF TRUTH

I understand that all items related to this application submitted to EMA are part of the application process and become the permanent property of EMA and will not be returned to me.

I hereby state that all the information contained in this application is correct and true. If EMA is notified that any information contained herein is false, it will be grounds for my immediate dismissal. I also understand that completion of this application in no way guarantees or implies acceptance as a member of EMA.

I understand that the information contained on the Personal Recommendation Forms, the Pastor’s Recommendation form and the Business/Community Member Recommendation Form is confidential. I hereby waive my right to see the confidential information contained therein and release said information to become the property of EMA.

Signed: _____ **Date:** ____/____/____

- REMEMBER** to enclose the \$50.00 application fee with your application.
- ATTACHMENTS** 300-400 word statement about your growth as a minister
- MAKE SURE** we will have sent to us ONE CURRENT personal recommendation and ONE CURRENT pastoral recommendation.
- MAIL TO** the address below:

Embassy Ministerial Association
P.O. Box 2989
Sarasota, FL 34230-2989

