



APPLICATION FOR EFC-ER MINISTRY LICENSE

Name (as it should appear on the card) _____

Address _____

Email Address _____ Phone _____

Church _____ Position/Ministry Focus _____

Testimony and Vision

Briefly tell us about your conversion and walk with the Lord (use the reverse side as necessary):

Briefly tell us about how you plan to use any licensure you may obtain (use the reverse side as necessary):

Agreements

In the spirit of EFC-ER's *Faith and Practice*, we ask the following questions.

Have you read the EFC-ER *Faith and Practice*? Yes No

Are you in agreement with its teachings? Yes No

If you have circled no, please provide details as to why (use the reverse side as necessary):

_____ Applicant Signature _____ Date

- As lead pastor of this church, I endorse and approve of providing the appropriate license to this individual.
- Return to Leadership Development Director at EFC-ER Headquarters

_____ Lead Pastor Signature _____ Date