

MEMBERSHIP APPLICATION

Nazarene Children's Pastors' Association

NAME

POSITION/TITLE

CHURCH NAME/COLLEGE/MINISTRY

CHURCH/DAY PHONE

CHURCH MAILING ADDRESS

CITY

STATE

ZIP

FAX NUMBER

E-MAIL ADDRESS

DISTRICT

EDUCATIONAL REGION

Average worship attendance (church): _____ Average children's attendance: _____

How long have you been involved in children's ministry? _____

Please check the following designation which best describes your current ministry status.

- Children's Pastor (full time)
- Children's Pastor (part time)
- Senior Pastor
- Children's Evangelist
- Professor
- Student
- District Children's Director
- Local Children's Director
- Local Children's Worker
- Other

CREDENTIALS	
Your application cannot be accepted Unless you check a box below.	
FULL MEMBER \$25.00	<input type="checkbox"/> Ordained <input type="checkbox"/> Elder <input type="checkbox"/> Deacon <input type="checkbox"/> District License <input type="checkbox"/> Elder Track <input type="checkbox"/> Deacon Track <input type="checkbox"/> Local License
	Associate Member \$15.00
	<input type="checkbox"/> No License