

# ***Credential Application Request***

**Southern California District Council  
Assemblies of God  
17951 Cowan  
Irvine, CA 92614-6000  
(949) 252-8400  
Fax: (949) 252-8435  
E-mail: [general@socalag.org](mailto:general@socalag.org)**

I have read the information regarding the Credential Application Process. I understand the following regarding the application process:

- » All fees are non-refundable.
- » My application will not be processed without the complete application, including notarized Authorization and Release forms, and transcripts.

I hereby request an application for Ministerial Credentials with the Southern California District Council of the Assemblies of God. I have included my non-refundable application materials fee of \$25.00.

Please send the application to the following address:

**Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Mail this form and a non-refundable payment of \$25.00 to:

ATTN: Credentials  
Assemblies of God  
17951 Cowan  
Irvine, CA 92614-6000

*(Please make checks payable to **Southern California District Council A/G**)*

DISTRICT OFFICE USE ONLY

Application Fee Paid: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Cash \_\_\_\_\_

Check \_\_\_\_\_ Money Order \_\_\_\_\_

Check/Money Order Number: \_\_\_\_\_

Check/Money Order Date: \_\_\_\_\_

Official Application Mailed: \_\_\_\_\_