

Bible Way Church Of Our Lord Jesus Christ World-Wide, Inc.
Apostle Smallwood E. Williams, Founder ~ Apostle Huie L. Rogers, Chief Apostle for Life

Office of the Presiding Bishop

3820 Stoneshore Road
Virginia Beach, VA 23452
Apostle Michael J. Rogers, Sr.
Presiding Bishop

Office of Credentials

4014 Ford Road
Philadelphia, PA 19131
Deaconess Estena McGhee
Director of Credentials

Application for Missionary License

I am hereby making application for a Missionary Credentials with this organization. **(Please type or print)**

Date: _____

Credential Applying for: **(check one)**

JUNIOR SOCIAL SENIOR FIELD MISSIONARY EVANGELIST

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____

Have you been baptized in the name of Jesus? _____ YES _____ NO Date of Baptism: _____

Name of Church: _____

Have you received the baptism of the Holy Ghost? _____ YES _____ NO Date Received: _____

Marital Status:

_____ Single _____ Married _____ Widowed _____ Separated _____ Divorced

If divorced, did you remarry? _____ YES _____ NO

Church in which you are a member: _____

How long have you been a member of this church? _____

Do you agree to support your church and be in subjection to your Pastor? _____ YES _____ NO

Do you believe in and practice paying tithes? _____ YES _____ NO

Do you subscribe to the doctrine of the Bible Way Church World-Wide, Inc. as to the baptism in the name of Jesus, baptism of the Holy Ghost and sanctified life according to Acts 2:38, Acts 2:4, and St. John 17:15-17?

_____ YES _____ NO

Do you agree to abide by the rules and regulations of the Bible Way Church World-Wide, Inc.?

_____ YES _____ NO

FORM CONTINUED ON THE NEXT PAGE

Application for Missionary License - Page 2

Please Provide your Educational Background/Training:

ACADEMIC:

RELIGIOUS:

Have you received a degree or certificate? _____YES _____NO * If yes, please attach a copy to this form.

RECOMMENDED BY:

Pastor/Diocesan: _____

SIGNATURES:

Applicant Signature: _____

Credentials Department Signature: _____