

## Ministerial Alliance Information Sheet

□ Ordained			Licensed	□ Non Lice	ensed				
	Elder		Evangelist	☐ Minister		☐ Aspiring			
Licensing	g Organiza	tion: 🗆	Pentecostal A	Assemblies of	the Wo	orld, Inc.			
			Other						
Personal Information									
Full Name	e: _								
	ı	Last				First		M.I.	
Address:		Street Addr						A m a wiwa a c	-+// l:+ #
	,	Sireel Addi	ess					Apartmer	IVOIIII #
	-	City					State	ZIP Code	)
Home Ph	ne Phone: Mobile Phone:								
Tiome Thome.									
Email	_								
Birth Date:		Marital Status:							
Dirai Dati	<u>-</u>			intai Otatao.					
Spouse's	Name:								
Snouse's	Phone:								
Spouse's Phone:  Please list (in order of most recent first) any current or previous Seminary or Theological Studies and									
Exper	rience, as v	vell as, an		ajor positions. ogical Educ			the back of the pa	ge.	
					alion				Grad /
Da	ite(s)		Scho	ol			Course of Study		Cert ?
Major Church & Ministerial Positions									
Da	ite(s)		Position De	scription			Church/Instit	ution	
	-(-)								

Major Church & Ministerial Positions (Cont)								
Date(s)	Position Description	Church/Institution						
2000(0)								
	Ministerial (	Goals						
Briefly describe your		specific call and assignment in ministry at this time.						
Be sure to list where	e you see yourself in ministry within the nex	t 5 years.						
	Evnostati	202						
	Expectation	ulis						
What are your exped	ctations for the NBC Ministerial Alliance?							