

PENTECOSTAL ASSEMBLIES OF GOD OF AMERICA



MINISTRY FELLOWSHIP APPLICATION

As an autonomous Body, we desire to be recognized in Fellowship with the Pentecostal Assemblies of God of America, Incorporated "PAGA"

We will work with PAGA to the best of our abilities in Fellowship and Doctrine.

Name of Ministry:	
Type of Ministry:	<input type="checkbox"/> Church <input type="checkbox"/> Mission <input type="checkbox"/> School Other:
Is this Ministry Incorporated: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach information)	
Telephone:	Fax:
Other Phone:	Email:
Street Address:	
Mailing Address:	
Pastor's Name:	
Pastor's Address:	
Pastor's Credentials / Name of Organization: <input type="checkbox"/> PAGA <input type="checkbox"/> Other (explain below)	
REMARKS:	
We have read, understand, and will comply with PAGA constitution and by-laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your ministry agree to be solely liable for its dealings and hold PAGA harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your ministry agree that any disputes that may arise with PAGA or its leadership will be mitigated with Mediation or Arbitration and not in a court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ministry Authorized Signature(s):	Dated:
Please Print Name(s) and Title(s):	
For Office Use Only:	
PAGA Executive Board Action (accepted): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sent:
PAGA Remarks:	
Signature of PAGA Officer:	Dated:

GENERAL HEADQUARTERS LOCATION: 495-97 West 7th St – San Jacinto, CA 92583 USA
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