

Evangelist's Registration/Commission Request

Print Name _____

I request the District Assembly to grant me the following:

- | | |
|--|---|
| <input type="checkbox"/> Evangelist's Commission Tenured | <input type="checkbox"/> Evangelism Service Retired |
| <input type="checkbox"/> Evangelist's Commission | <input type="checkbox"/> Song Evangelist's Commission |
| <input type="checkbox"/> Evangelist's Registration | <input type="checkbox"/> Song Evangelist's Registration |

It is my intention TO SPEND THE MAJOR PART OF MY TIME in evangelism during the coming year.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Signed _____ Date _____

RECOMMENDATIONS

District Superintendent _____ Date _____

Ministerial Credentials Board Secretary _____ Date _____

The District Secretary will submit this request for recommendation to the District Superintendent prior to the District Assembly.