



## ICOF Ministry Credentials Application

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Office phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse name \_\_\_\_\_ # of children \_\_\_\_\_ Ages \_\_\_\_\_

Dates: Water Baptism \_\_\_\_\_ Holy Spirit Baptism \_\_\_\_\_ Describe call to Ministry: \_\_\_\_\_

Current Church or Ministry \_\_\_\_\_ Leader's name \_\_\_\_\_

Address/Phone \_\_\_\_\_

Education: H.S. \_\_\_\_\_ College \_\_\_\_\_ Degree(s) \_\_\_\_\_

Describe your MINISTRY VISION:

\_\_\_\_\_

Briefly describe any other major events with God (healings/dealings):

\_\_\_\_\_

Please enclose a current picture and (1-3) letters of recommendation from Christian leaders/pastors who know you and your ministry and/or ICOF minister in good standing who recommended you.

Credentials are renewable annually. **Application fee \$250.**

- Associate License \$250.00 Annual Commitment.
- Pastor, Evangelist, Prophet, Teacher, Apostle License \$500.00 Annual commitment.
- Leadership \$1000 Annual commitment.

1. Send check or money order made out to ICOF or pay online: [www.icof.net](http://www.icof.net)

2. Also forward via email a current photo for your credentials: [bernie.wade1212@gmail.com](mailto:bernie.wade1212@gmail.com)

Signed \_\_\_\_\_ Date \_\_\_\_\_