



# CLERGY CREDENTIALS APPLICATION

**LOGOS GLOBAL NETWORK, INC.**  
PO Box 351087 Jacksonville, FL 32235  
Phone: 1-888-985-6467 or 904-559-1641 Fax: 1-888-842-4685  
www.lgnfamily.org

**Referred by:**  
Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

This application packet is for individuals who are seeking ministerial credentials through Logos Global Network. Please be certain that each application contains all of the required information and documentation for processing. Incomplete applications cannot be processed. An application fee of \$25 is due with application. The credential fee will be invoiced after completion of the review process.

<input checked="" type="checkbox"/>	<b>INDIVIDUAL APPLICATION CHECKLIST</b>
	Completed Application
	Current Resume (vocational & ecclesiastical)
	Current Color Photograph (2x2 preferred; no selfie)
	Reference Forms

## SECTION ONE – APPLICATION STATUS

Do you reaffirm your personal commitment to cooperate with and support the vision of LGN and work in cooperation with its appointed leaders?

- YES**       **NO**    *If “No”, please attach letter of explanation*

## SECTION TWO – MINISTERIAL CREDENTIALS

- Commissioned Christian Minister**      *Annual Credential Fee: \$125.00*
- Licensed Christian Minister**      *Annual Credential Fee: \$175.00*
- Ordained Christian Minister**      *Annual Credential Fee: \$225.00*

*(Add one-time application fee of \$25.00)*

**Process payment at [lgnfamily.org](http://lgnfamily.org) with credit card or mail check.**

*All credential holders are required to maintain their annual membership with Logos GlobalNetwork in order for their credentials to be valid. Compliance Section, **Ministerial Credentials**, Article 10 of the LGN Constitution & By-laws.*

## SECTION THREE – INDIVIDUAL MEMBER INFORMATION

Do you want title printed on ID Card?     Yes     No

**Title:** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Marital Status:**     Single     Married     Divorced     Re-Married     Widowed

**Anniversary:** \_\_\_\_\_

**Dependents:** \_\_\_\_\_

*\*Please specify names & ages of dependent children*

## SECTION FOUR – INDIVIDUAL BACKGROUND INFORMATION

**Church Name:** \_\_\_\_\_

**Church Membership:**     Yes     No            How long have been a member: \_\_\_\_\_

*\*If you are not currently a member, please provide a letter of explanation.*

**Pastor's Name:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

**City / State / Zip:** \_\_\_\_\_

**Church Phone:** \_\_\_\_\_

**Church Website:** \_\_\_\_\_

**Church Email:** \_\_\_\_\_

Why have you chosen LGN for ministerial credentials?     Agreement with LGN Vision

Legal Benefits of Credentials             Convenience             Other \_\_\_\_\_

Have you ever been licensed through another organization?

**Name of Organization:** \_\_\_\_\_

**License Held:** \_\_\_\_\_

Have you ever been ordained through another organization?

**Name of Organization:** \_\_\_\_\_

**Ordination Held:** \_\_\_\_\_

May we contact your previous organization for a reference?  Yes  No

If no, please provide an explanation:

Have you ever been convicted of a felony?  Yes  No

Are you a party to any current legal action?  Yes  No

Are there any legal judgements against you?  Yes  No

***\*If "Yes", please attach letter of explanation.***

In making this application, I hereby authorize Logos Global Network to review and confirm by such means as they shall deem appropriate any and all information I have provided herein. I hereby specifically request and authorize the release of any information which shall be necessary for such review in the processing of my application for membership and/or credentials.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT