



SMITH CHAPEL APOSTOLIC CHURCH

2540 FL GA HWY
HAVANA FL 32333



Recent Photo

Application

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Title: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Residence Address (if different): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Residence Telephone: _____ Office/Work Telephone: _____

Cell: _____ Fax: _____ Emergency Phone: _____

E-Mail (required): _____ Pager: _____

Web site (if applicable): _____

Date and Place of Birth: _____

Gender: Male () Female () Citizenship: _____

ID or Passport #: _____

Marital Status: _____ Name of Spouse: _____

Number of Children: _____ Names/Ages: _____

Year Born Again: _____ Year Water Baptized: _____ Year Spirit Baptized: _____

Home Church Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

Are you the Senior Minister: _____ If not, who is _____

Denomination/Organization Affiliation: _____ Independent ()

How long have you been associated with this church: _____?

If less than one year, list former church: _____

Are you on paid staff at this church: Yes () No ()

What is your ministry position, or what service do you provide: _____

If you are the Senior Minister at this church, give the date you started this church or became its Senior Minister: _____

What is the average Sunday morning attendance of the church? _____

If called to the 5-Fold Ministry, which is your primary calling? _____

Apostle () Prophet () Evangelist () Pastor () Teacher ()

Are you called to be a Market-place Minister? _____

(If you are, then only answer the rest of the questions that are applicable to you.) Are you currently recognized as having the fruit of (works) and walking in the office of this calling, or are you emerging (developing and maturing) into this office? (Refer to below chart)

SUBMIT SCAC GLOBAL REGISTRY FEES:

The path to ministerial affiliation may take one of several directions. The process of licensing is the same for each of the pathways, with the exception of the presentation of the licenses themselves.

GOLD SEAL credentials, a licensed and ordained minister operating in the five fold gifts of (Ephesians 4:11-12). Gold Seal candidates please submit a portfolio of your most recent five or more years in ministry, attached three-letters of recommendation and clearly show one-year pastoral ministry and Bishopric over two or more ministries.

SCAC Global Registry fees of \$100.00 annually to include current photo of individual and specified criteria of so many words or details.

SILVER SEAL credentials, a licensed and ordained minister operating in the five fold gifts of (Ephesians 4:11-12). Silver Seal candidates please submit a portfolio of your most recent three or more years in ministry, attached two-letters of recommendation and clearly show one-year pastoral ministry. In the USA, please document your independent IRC 501 (c) (3) Para church ministry, if pastoral ministry is non-applicable.

SCAC Global Registry fees of \$50.00 annually with no picture and less specified criteria and fewer words.

BRONZE SEAL credentials, a licensed minister in preparation for ordination. Bronze Seal candidates please attached one-letters of recommendation and a narrative of your call and ministry vision.

SCAC Global Registry fees of \$25.00 annually with no picture, just name, address, email etc with data on body issuing it.

If for example you are an emerging apostle or emerging prophet, then what other areas of ministry has God had you in for preparation? (For example – Paul and Barnabas were first called prophets and teachers in the Antioch Church before being sent out in Acts 13:2. Thereafter they were called apostles.)

When did you first sense a call to the ministry?

What would you consider your primary ministry strengths?

If not called to the 5-Fold Ministry, then to what ministry have you been called?

Please briefly describe what you feel your primary ministry is, and the vision God has given you for it:

How are you supported financially? _____
If you are not supported currently from the ministry, then what is your present occupation?

Have you ever been licensed () or ordained ()? _____

If yes, then by what church (es) or organization(s) and when? _____

Do you presently hold credentials with any organization or denomination? _____

Have your credentials ever been revoked or suspended? Yes () No () If yes, please explain:

Have you ever had any disciplinary action of any sort taken against you by any of the organizations you held credentials? Yes () No () If yes, please explain:

With what other religious organizations or ministries have you been in relationship?

Have you traveled to other nations for ministry yet? Yes () No () If yes, then where:

If no, do you have a desire to travel to the nations and minister? Yes () No ()

If you're requesting affiliation for a secondary category with your affiliation as one of the 5-fold ministries, then please check that category. (Please see explanation and requirements in the Council of Apostles Supplement).

Seeking SMITH CHAPEL APOSTOLIC CHURCH (SCAC) Affiliation ()

Church Name: _____

Seeking to plant a SCAC Trans-Local or Para-Church Ministry Affiliation ()

Ministry Name: _____

Seeking SCAC Organization Affiliation ()

Organization Name: _____

Seeking GULF COAST COLLEGE SCHOOL OF MINISTRY Affiliation

Name: _____

Seeking SCAC Network Affiliation () Network Name: _____

Are you also seeking 5-Fold Ministry ordination from SCAC? _____

(If yes, then see the ordination requirements section for instructions.)

How you were exposed to SCAC and the ministry of Bishop Dr. Abe Johnson?

Have you ever read any of Bishop Dr. Abe Johnson's books? Yes () No () If yes, which ones:

Why do you desire to affiliate with Bishop Dr. Abe Johnson and the SCAC Network?

Is there an SCAC member recommending you for affiliation? Yes () No () If yes:

Name: _____ Phone: _____

Address: _____ Country: _____

E-Mail: _____

If there is NOT an SCAC member recommending you, then you need to list 3 personal references of pastors/ministers whom we may contact that have known you for at least 2 years and can personally attest to the validity of your ministry and character.

1. Name of Reference: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Office Phone: _____ Residence or Mobile Phone: _____

E-Mail: _____ Relationship to Applicant: _____

2. Name of Reference: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Office Phone: _____ Residence or Mobile Phone: _____

E-Mail: _____ Relationship to Applicant: _____

3. Name of Reference: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Office Phone: _____ Residence or Mobile Phone: _____

E-Mail: _____ Relationship to Applicant: _____

This application will be held in strict confidence, and only those with a need to know will review it. If you have printed out this application to mail in, then please send it with your current photo and \$_____ (Refer to credentials chart) check to:

Submit SCAC Global Registry fees \$ _____

Submit Annual COGA Report \$ _____

TOTAL \$ _____

Official Mailing Address

SMITH CHAPEL APOSTOLIC CHURCH
2540 FL GA HWY
HAVANA FL 32333-5260

SUBMIT ANNUAL COGA REPORT

These reports fees for credential certification and/or renewal are required, collected, and submitted annual at the COGA Conference. Note: The actual form that you receive will highlight only those fees applicable to your church or ministry. The ones highlighted below are applicable to all.

CHURCH OF GOD APOSTOLIC, INC.		
CONFERENCE REPRESENTATION FEES		
<input type="checkbox"/>	ALL CHURCHES	
	. 99 OR LESS MEMBERS	50.00
	100 OR MORE MEMBERS	100.00
<input type="checkbox"/>	NATIONAL A. Y. P. U. DEPARTMENT	500.00
<input type="checkbox"/>	NATIONAL C.B.S. DEPARTMENT	500.00
<input type="checkbox"/>	NATIONAL YOUTH & YOUNG ADULT MISSION DEPARTMENT	500.00
<input type="checkbox"/>	NATIONAL SENIOR MISSION DEPARTMENT	500.00
<input type="checkbox"/>	LOCAL A. V.P. U. DEPARTMENT	90.00
<input type="checkbox"/>	LOCAL C.B.S. DEPARTMENT	90.00
<input type="checkbox"/>	LOCAL YOUTH & YOUNG ADULT MISSION DEPARTMENT	90.00
<input type="checkbox"/>	LOCAL SENIOR MISSION DEPARTMENT	90.00
<input type="checkbox"/>	ALL PASTORS	304.00
	(EXCEPT THOSE HOLDING DISTRICT OR NATIONAL OFFICES)	
<input type="checkbox"/>	ALL BISHOPS	500.00
<input type="checkbox"/>	All NATIONAL OFFICERS	500.00
<input type="checkbox"/>	ALL ASSISTANT NATIONAL OFFICERS	290.00
<input type="checkbox"/>	ALL DISTRICT OFFICERS	240.00
<input type="checkbox"/>	ALL ASSISTANT DISTRICT OFFICERS	240.00
<input type="checkbox"/>	ALL ELDERS	304.00
<input type="checkbox"/>	ALL ORDAINED MINISTERS	220.00
<input type="checkbox"/>	ALL LICENSED MINISTERS	170.00
<input type="checkbox"/>	ALL DEACONS	150.00
<input type="checkbox"/>	ALL ADULT MEMBERS	104.00
<input type="checkbox"/>	ALL YOUTH	
	AGES 7-18	20.00
	AGES 6 AND UNDER	5.00

If an individual holds more than one office, that person is only obligated to pay the fee of the highest office held.