

APPLICATION FOR ORDINATION ACADEMY

UNION MISSIONARY BAPTIST ASSOCIATION

POST OFFICE BOX 1042
FAYETTEVILLE, NC 28302-1042

Name _____
Last Name First Name Middle

Address: _____

City: _____ State: ____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____ Date of Birth: _____

Who to contact in case of an emergency:

Name: _____

Address: _____ Phone #: _____

EDUCATION:

Do you have a high school diploma or equivalent? _____

List any colleges, universities, or seminaries you have attended:

Did you graduate? _____ Degree Earned _____

CHURCH AFFILIATION:

Current Church Membership _____

Pastor's Signature _____

Signature of pastor authorizes entry into class

Signature of Applicant _____

This application must have the **\$125 application fee** and a **copy of your license to preach** enclosed to make the application complete. Please return all items to the address above.

