South Texas District

UNITED PENTECOSTAL CHURCH

Reaching Unreached Cities

APPLICATION

(Please Print or Type)

SOUTH TEXAS NORTH AMERICAN MISSIONS UNITED PENTECOSTAL CHURCH, INTL. PO BOX 1367 FRIENDSWOOD, TX 77549-1367

| Name | | Address _ | | |
|-------------------------|---------------------------------------|-----------------|----------------------------|--|
| | | | Phone | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| Population | Main industry | | | |
| Is this a growing area? | □ Yes □ No Ple | ase describe_ | | |
| | | | | |
| | | | | |
| Are you acquainted with | n any UPC people in | this city? □ Y | ′es □ No | |
| What is your current Mi | nisterial status? □ L | ocal □ Ge | neral Ordained | |
| How long have you bee | en in the Ministry? | | | |
| | | | | |
| | • | | | |
| Pastoral years; E | Evangelist yea | rs; Assistant _ | years; Other | |
| | | | e of your pulpit Ministry? | |
| | | • | Bible studies □ Tracts | |

It is recommended that an applicant who plans to begin a NAM church have completed an approved North American Missions Training course from the following list prior to making application: (Please check the box beside the training material(s) you have completed)

1) Attending a NAM-sponsored workshop □

services? ☐ Yes

| Are you married? □ Yes □ No | | | |
|--|------------------------------------|-----------------------------------|--|
| Spouse Name | DOB | Anniversary | |
| If married, list the names and date | of birth of all your children livi | ng with you at this time, if any: | |
| Name | DOB | Sex | |
| Are you a cooperating member of the | ne South Texas District? Ye | es 🗆 No | |
| If yes, what Section? | : If no, what District? | | |
| What will be the means of your inco | ome while bringing in this wor | k? | |
| Have you ever begun a North Amer | ican Missions work before? E | □ Yes □ No | |
| If yes: When? | Where? | | |
| What was the status of this work when | nen you left? | | |
| If approved, when do you plan to be | egin? | _MonthYea | |
| Are you willing to affiliate this work | with the UPCI? ☐ Yes ☐ I | No | |
| If not, please explain why | | | |
| What is the nearest United Penteco | estal Church to your North Am | nerican Mission Project? | |
| A. Name of Church | City | | |
| Pastor's Name | Approximate Distance | | |
| B. Name of Church | City | | |
| Pastor's Name | Approximate Distance | | |
| Have you read Article XII, Sections | 14, 15, & 16, in the UPCI Ma | nual? □ Yes □ No | |
| Do you accept this and are you willi | ing to fulfill this obligation? □ | Yes □ No | |
| Are you willing to stay with the new | work for a period of not less | than 1 vear from the date vou b | |

□ No (For a more effective NAM work, we recommend 3 years).

□ No

If for any reason you find it necessary to leave prior to that time, do you agree to notify the presbyter

and NAM director at least 30 days prior to your leaving? ☐ Yes

| What do you preach as the | Bible requireme | nt for Salvati | on? | | |
|---|---|--|---|--|-------------------------|
| What do you teach about th | ne Bible's standa | rd of Holines | s? | | |
| What approach do you take | e in presenting th | nis to new cor | nverts? | | |
| Do you cooperate with your | District North A | merican Miss | ions giving plan? [| □ Yes □ No | |
| If you contribute through a you give monthly? | | | | | ate amount |
| Please list 3 references: | | | | | |
| A. Minister Name | | | Address | | |
| City | State | Zip | Phone | | |
| B. Banking Officer's Name | | | Bank | | |
| Address | | City | State | Zip | |
| C. Personal (Other than fa | amily member) | | | | |
| Name | | Address | | | |
| City | State | Zip | Phone | | |
| Please note: In order to be to the District Secretary, wit which the new work will be and all requirements are me | th copies to the collocated. This appets, including the | district NAM L plication can attached fina | Director and the Pronot be accepted un ncial statement. | esbyter of the se til all information | ction in is complete |
| Signature of Applicant | | | Date _ | | |
| Send the original applicat | tion with financ | ial statemen | t to the District S | ecretary: | |
| Danny Johnson PO Box 216 West Columbia, TX 77486- djohnson52@me.com | 0216 | | | | |
| Send a copy of this applie | cation to the se | ction presby | rter, and to the NA | M Director: | |
| Shawn Plant 3328 Avenue P | | | | | |

Galveston, TX 77550 plantshawn@yahoo.com — Page 3 of 4 —

PERSONAL FINANCIAL STATEMENT: (To be sent to the District Secretary only)

| Car #1: | Make and year | | Monthly Payment | | | |
|-----------|-------------------------------|-------------------------|---|--|--|--|
| | Market value | Balance owed | | | | |
| Car #2 | Make and year Monthly Payment | | | | | |
| | Market Value | Balance owed | | | | |
| Home: | | | Monthly payment | | | |
| | Loan Balance | | | | | |
| Furnitui | re: Total value | Мс | onthly payment | | | |
| | Balance owed | | | | | |
| Doctor | | | Monthly payment | | | |
| Credit (| Cards: Total owed | Total | Total Monthly payment | | | |
| Person | al loans: | | | | | |
| Α | ٨ | Amount_ | Payment | | | |
| В | 3 | Amount_ | Payment | | | |
| C |) | Amount_ | Payment | | | |
| Are you | u current with all of your p | ayments? □ Yes □ | No If not, please explain | | | |
| I hereby | | ard to request a credit | reference check in my name if they deem i | | | |
| Signatu | ıre | | Date | | | |
| Applica | tion approved: □ Yes | □ No Date: | | | | |
| Applica | tion rejected: ☐ Yes | □ No Date: | | | | |
| By action | on of the South Texas Dis | trict Board on (date) _ | | | | |
| District | Secretary | | | | | |