



P.O. **UNTIL THAT DAY MINISTRIES INTERNATIONAL**
Box 770454

Eagle River, Alaska 99577

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www.universityofcss.org

ucssadmin@gmail.com

Membership Application

Please answer all questions as completely as possible.

Please print clearly

Date of Application _____

Level of credentials (applied for): ___ Associate Minister ___ Licensed Minister ___ Ordained Minister

Name: _____
(Last) (First) (MI)

Mailing Address: _____
(Street) (City) (State) (ZIP)

Home Phone: (_____) - _____

Work Phone: (_____) - _____

Mobile Phone: (_____) - _____

Primary Email: _____

MARITAL STATUS

___ Single ___ Married ___ Widowed ___ Divorced ___ Remarried ___ Separated

Spouse's Name _____ Number of Dependents _____

If divorce has been marked, please provide a brief explanation below: (Attach additional notes if necessary)

EDUCATIONAL HISTORY

Beginning with high school, list all educational institutions attended (or attach resume).

Name of School Dates Attended Major Diploma or Degree Earned

SECULAR OCCUPATIONAL EXPERIENCE

Please list all secular work experience starting with most recent employer and going back 10 years or attach resume.

| Name of Employer | Duties Performed or Title | Dates |
|------------------|---------------------------|-------|
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| | | |

MINISTRY EXPERIENCE (Current)

Pastor
 Assoc. Pastor
 Youth Pastor
 Min. of Music
 Evangelist
 Missionary
 Teacher
 Ministry to Children
 Church Board Member
Other _____

Please give three ministerial references and their contact information.

| Church/Organization | Contact Person | Contact Phone Number | Email | Years Known |
|---------------------|----------------|----------------------|-------|-------------|
| | | | | |
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Please list all ministry experience starting with most recent service or attach resume.

| Place of Service | Position/Duties Performed/Title | Dates |
|------------------|---------------------------------|-------|
| | | |
| | | |
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| | | |

Do you currently hold ministerial credentials?

Yes No If yes, with whom? _____

Have you ever been denied credentials with any other organization? If yes, explain.

Yes No

Explanation _____

Please initial

Yes , I have reviewed and accepted the doctrinal statement of UTDMI.

Yes , I understand there is an annual fee for credential recognition with UTDMI.

DOCTRINAL POSITION

Please give a brief statement on your position for each area listed:

The Bible

The Trinity (Godhead)

Water
Baptism

The Baptism of the Holy Ghost



The \$50.00 annual membership fee must accompany this application before it will be processed. Make checks payable to "UCSS." For licensed and ordained applicants a letter of recommendation from the individual's pastor, ministerial, or educational peer must accompany this application.

Signature of Applicant Printed Name Date

UTDMI/UCSS ONLY
MINISTERIAL REVIEW COMMITTEE

Signature Printed Name Date

Signature Printed Name Date

Signature Printed Name Date

Ministerial Designation approved for: Approval Date