

**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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

Pastor of Applicant \_\_\_\_\_

I desire to open a new work in \_\_\_\_\_

Why are you interested in this city? \_\_\_\_\_

\_\_\_\_\_

Population \_\_\_\_\_ Main industry \_\_\_\_\_

Is this a growing area?  Yes  No Please describe \_\_\_\_\_

\_\_\_\_\_

Are you acquainted with any UPC people in this city?  Yes  No

What is your current Ministerial status?  Local  General  Ordained

How long have you been in the Ministry? \_\_\_\_\_

Give a brief history of your Ministry \_\_\_\_\_

\_\_\_\_\_

Pastoral \_\_\_\_\_ years; Evangelist \_\_\_\_\_ years; Assistant \_\_\_\_\_ years; Other \_\_\_\_\_

Have you won any souls during the past two years outside of your pulpit Ministry? \_\_\_\_\_

How Many? \_\_\_\_\_; What method do you recommend?  Bible studies  Tracts  Other

*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
- 2) Completing Church Planters University ([www.namupci.com](http://www.namupci.com))
- 3) Reading the book entitled Growing a Church by David Bernard

Are you married?  Yes  No

Spouse Name \_\_\_\_\_ DOB \_\_\_\_\_ Anniversary \_\_\_\_\_

If married, list the names and date of birth of all your children living with you at this time, if any:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Are you a cooperating member of the South Texas District?  Yes  No

If yes, what Section? \_\_\_\_\_: If no, what District? \_\_\_\_\_

What will be the means of your income while bringing in this work? \_\_\_\_\_

Have you ever begun a North American Missions work before?  Yes  No

If yes: When? \_\_\_\_\_ Where? \_\_\_\_\_

What was the status of this work when you left? \_\_\_\_\_

If approved, when do you plan to begin? \_\_\_\_\_ Month \_\_\_\_\_ Year

Are you willing to affiliate this work with the UPCI?  Yes  No

If not, please explain why \_\_\_\_\_

What is the nearest United Pentecostal Church to your North American 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 Manual?  Yes  No

Do you accept this and are you willing to fulfill this obligation?  Yes  No

Are you willing to stay with the new work for a period of not less than 1 year from the date you begin services?  Yes  No (For a more effective NAM work, we recommend 3 years).

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  No

What do you preach as the Bible requirement for Salvation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you teach about the Bible's standard of Holiness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What approach do you take in presenting this to new converts? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you cooperate with your District North American Missions giving plan?  Yes  No

If you contribute through a local church other than your own pastorate, what is the approximate amount you give monthly? \_\_\_\_\_

**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 family member)  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

***Please note:*** In order to be accepted for processing, this application must be completed and submitted to the District Secretary, with copies to the district NAM Director and the Presbyter of the section in which the new work will be located. This application cannot be accepted until all information is complete and all requirements are met, including the attached financial statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Send the original application with financial statement along with an Affiliation Request form (download from [upciministers.com](http://upciministers.com)) to the District Secretary, :**

Danny Johnson  
PO Box 216  
West Columbia, TX 77486-0216  
djohnson52@me.com

**Send a copy of this application to the section presbyter, and to the NAM Director:**

Shawn Plant  
3328 Avenue P  
Galveston, TX 77550  
plantshawn@yahoo.com

**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: Total value \_\_\_\_\_ Monthly payment \_\_\_\_\_

Loan Balance \_\_\_\_\_

Furniture: Total value \_\_\_\_\_ Monthly payment \_\_\_\_\_

Balance owed \_\_\_\_\_

Doctor & Medical: Amount owed \_\_\_\_\_ Monthly payment \_\_\_\_\_

Credit Cards: Total owed \_\_\_\_\_ Total Monthly payment \_\_\_\_\_

Personal loans:

A. \_\_\_\_\_ Amount \_\_\_\_\_ Payment \_\_\_\_\_

B. \_\_\_\_\_ Amount \_\_\_\_\_ Payment \_\_\_\_\_

C. \_\_\_\_\_ Amount \_\_\_\_\_ Payment \_\_\_\_\_

Have you ever declared Bankruptcy?  Yes  No If yes, Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you current with all of your payments?  Yes  No If not, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize the District board to request a credit reference check in my name if they deem it necessary.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application approved:  Yes  No Date: \_\_\_\_\_

Application rejected:  Yes  No Date: \_\_\_\_\_

By action of the South Texas District Board on (date) \_\_\_\_\_

District Secretary \_\_\_\_\_