



PENN NORTHEAST CONFERENCE
COMMITTEE ON MINISTRY
AUTHORIZATION WORKING GROUP

APPLICATION FOR MEMBER IN DISCERNMENT STATUS

Name of Applicant: _____

Home Address of Applicant: _____

_____ Zip: _____ Phone: _____

Email Address: _____ Cell Phone: _____

School Address of Applicant: _____

_____ Zip: _____ Phone: _____

Home Church: _____ Date Joined: _____

Pastor: _____

Previous Church Affiliation(s) (Name, Location, & Dates):

Personal Data

Date and Place of Birth (optional): _____

Current Occupation: _____

Employer: _____ Phone: _____

Marital Status: _____

Spouse's/Partner's Name: _____

Occupation of Spouse/Partner: _____

Church Affiliation of Spouse/Partner: _____

Children (names & ages):

