



Please submit original with applications, retain duplicate for your files.

APPLICATION TRANSMITTAL

FOR ALL ORDAINED, LICENSED OR EXHORTER MINISTERS

District _____ Report Date _____

LINE NO.	NAME AND ADDRESS	ACCOUNT NUMBER	APPLICANT TYPE			APPROVED FOR			Amount Paid and Enclosed
			New	Rein-state	Pro-mote	Ord	Lic	Exh	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

AMOUNT ENCLOSED