

MINISTERIAL STUDIES BOARD ENROLLMENT FORM  
(to be returned to the district superintendent)

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

LOCAL CHURCH MEMBERSHIP \_\_\_\_\_

TRACK DESIGNATION:

- ELDER
- ELDER – NEW START
- ELDER – CHAPLAIN
- ELDER – COMPASSIONATE MINISTRY
- DEACON – CHILDREN’S MINISTRY
- DEACON – YOUTH MINISTRY
- DEACON – MUSIC

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant’s Pastor

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Superintendent’s Approval

\_\_\_\_\_  
Date

Senior Pastor: Please send original to the District Superintendent and a copy to the District Ministerial Studies Board Secretary.