



APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS

10807 LAUREL STREET, RANCHO CUCAMONGA, CA. 91730

Office: 909-987-3013 Fax: 909-481-5691

www.apostolicassembly.org

PASTOR INFORMATION FORM

Page 1

Church _____ District _____

Personal Information

Name _____

Birth Date _____

Spouse Personal Information

Name _____

Birth Date _____

Home Address _____ City _____ State ____ Zip _____

Telephone () _____

Dependent Information

Name _____ DOB _____ F ___ M ___

Name _____ DOB _____ F ___ M ___

Name _____ DOB _____ F ___ M ___

Name _____ DOB _____ F ___ M ___

Please use reverse side if additional space is required.

Church Address

City _____ State ____ Zip _____

Telephone () _____

Bus. Telephone () _____

E-Mail _____

Fax () _____

Church Information

Total membership in your congregation? _____

Are you working with the Stategy of Jesus? Yes No

How many Friendship Groups? English _____ Spanish _____

Is your church contributing 3%-5%-7% to your retirement? Yes No



APOSTOLIC ASSEMBLY OF THE FAITH IN CHRIST JESUS

10807 LAUREL STREET, RANCHO CUCAMONGA, CA. 91730

Office: 909-987-3013 Fax: 909-481-5691

www.apostolicassembly.org

BENEFIT

Page 2

Is the church property title under the Apostolic Assembly Yes No

Are you renting a building? Yes No

Is your church property insured? Yes No

If yes name the insurance company:

_____/Policy # _____ Expiration Date _____

Are you insured for malpractice? Yes No

_____/Policy # _____ Expiration Date _____

**The office of the General Secretary respects your privacy.
We will never share your personal information with any outside
agency without your prior consent.**

Pastors Signature _____ Date _____