



AZUSA STREET APOSTOLIC NETWORK

P. O. BOX 86321

LOS ANGELES, CA 90086

OFFICE: 323-692-7268

www.azusastreetmission.org

ASAN ASSOCIATE MINISTER ENROLLMENT FORM

Associate Minister Associate Licensed Associate Ordained

Minister Information

Applicant(Last) _____ (First) _____ (MI) _____

Co-Applicant(Last) _____ (First) _____ (MI) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Country code: _____

Email: _____ Cell: (____) _____

Personal Ministry Information:

Ministry Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Country code: _____

Email: _____ Web: _____

Home Church (if different than above): _____

Pastor's Name: _____ Phone: (____) _____

Current Ministry Position: _____

Pastoral Approval(if not Sr. Pastor): I am in agreement with this ministerial relationship

Signature: _____ Date: _____

For A.S.A.N. Ordained Minister /Staff Use Only:

I recommend that _____ be accepted as a
__ Associate __ Licensed __ Ordained ASAN / CIAN Associate Minister. Through my relationship as a
CIAN Ordained Minister, I am assuming pastoral/apostolic oversight for this relationship.

Print Name

Signature

Date

