



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) Mitchell (First) Stacy (MI) T

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

Mailing Address: 415 Brothers Ave

City: Wilsonville State: Alabama Zip: 35186

Home Phone: (228) 249-3362 Country code: _____

Email: stacy5mitchell@yahoo.com Cell: (228) 249-3362

Personal Ministry Information:

Ministry Name: Acts Again Ministry

Mailing Address: 415 Brothers Ave

City: Wilsonville State: Alabama Zip: 35186

Phone: (228) 249-3361 Country code: _____

Email: stacy5mitchell@yahoo.com Web: Non at present - previously hacked

Home Church (if different than above): Licensed under International Fellowship of Ministries

Pastor's Name: Executive Director - Henry C. Klopp Phone: (425) 780-4471

Current Ministry Position: Prophet / Evangelist

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 _____