

Please return this form

to the Conference Office by Nov 1.

Return to: 11501 SE Sunnyside Rd, Suite 200, Clackamas OR 97015 (or) [nancy@pacificecna.org](mailto:nancy@pacificecna.org)

**Minister’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what local church do you have membership?
2. In what church are you presently serving as a commissioned minister?
3. What is your current role as a commissioned minister?
4. Is your commissioning certificate valid/up-to-date?