



Canadian College of Evangelical Bishops

73 Nabob Crescent, Toronto ON M1B 2Z1 Canada
Email: administrator@ccoeb.com Website: <https://ccoeb.com>

APPLICATION FOR AUXILIARY MEMBERSHIP

(Only fully completed applications will be reviewed by the Council)

New application for Membership (USD\$100.00)

Full Name: _____ Date: _____

Gender: _____ Marital status: _____

Name of Spouse (and Children): _____

Primary language spoken: _____ other languages used: _____

Number of people in your ministry: _____ Title(s) used: _____

Number of Pastors (if applicable): _____ Number of Churches (if applicable): _____

Location of Ministries: _____

List all Education (if applicable): _____

City and Country of Residence: _____

Mailing address: _____

Email address: _____ Phone: _____

1. Briefly describe the essence and goals of your ministry:

(Please provide a concise overview of your ministry's mission, vision, and primary objectives.)

2. Please share your reason(s) for wanting to join CCOEB:

(Explain what motivates you to become part of CCOEB and how you believe this partnership aligns with your calling.)

3. What office are you ordained in?

(Specify your current ordination office, such as Bishop, Apostle, Prophet/Prophetess, Evangelist, Pastor, etc.)

SECTION BELOW TO BE FILLED OUT BY THE CANADIAN COLLEGE OF EVANGELICAL BISHOPS COUNCIL:

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

