

Joint Canadian College of Evangelical Bishops

73 Nabob Crescent, Toronto ON Canada M1B 2Z1
Tel: +1 (647) 787-9911 Email: administrator@ccoeb.com

All application received become the property of the College and will NOT be returned.

1. CANDIDATE INFORMA	ATION	
LAST NAME	FIRST NAME	MIDDLE NAME(S)
BIRTHNAME or other name used		DATE OF BIRTH
2. AUTHORIZATION / AT	TTESTATION	
I, ()
 experience in m authorize the Consultability and quality and quality apply for a stress that the independent authored and understand that the rejection of the have read and understand the membership to authorize the Consultation 	inistry or community served lege and membership contains an additional for office as at the appropriate stage of the appr	ommittee to make discreet inquiries with respect to my a bishop, apostles, prophets or for such office to which if the committee's deliberations. his application is accurate, and that this application has application according to the instructions could result in
Applicant Signatu	ire	Date
3. CONTACT INFORMAT	ION	
Residential Address	Street No and Street name City, Province, Postal Code Telephone Number	
	Alternate Telephone Number	
Business Address	Street No and Street name City, Province, Postal Code Telephone Number	
E-mail	E-mail address	

3A. My primary residence is in Ontario Yes No

4. APPLICATION FILING QUESTIONNAIRES					
4a. Are you seeking to be consecrated?	Yes	No			
4b. Have you previously submitted an application form? If "Yes" what was the month and year of your last application?	Yes	No			
4c. Are you currently Ordained and Licenced? If "Yes" year Ordained, expiry date of Licence and name of organisation.	Yes	No			
4d. Have you ever been appointed, ordained or licenced? If "Yes" explain	Yes	No			
4e. Briefly describe the essence and goals of your ministry and state your reason for approximation.	olying foi	r			
4f. Please share your reason(s) for wanting to be consecrated and/or join the CCOEB.					
4g. In submitting this application for admission into the College, do you have any experience with the office to which you are applying? If "yes", please explain.					
4h. Have you ever been refused ordination, licence or appointment? If "Yes" Explain	Yes	No			
4i. Are you the subject of any discipline by a religious order?	Yes	No			

- **4j.** To your knowledge, do you have any outstanding claim, complaint, review, suspension, sanction or any disciplinary action by a professional organization or regulatory body? Yes No
- **5.** The college and membership committee will cancel, without refund, any application for assessment if any submitted documents have been falsified, forged, misrepresented, or altered in any way.
- **6.** By applying and submitting this application, I agree to bind myself to all the requirements and regulations of the college, and or such other appointed branch. I also agree that in no way am I guaranteed membership unless the college and membership committee determine that I am qualify for consecration.
- **7.** I certify that all the information given on this form and any attachment, is to the best of my knowledge, correct, complete, and current.

Applicant Signature	Date

Date application received / / Approved by Date to join CCOEB Date of Consecration / / Approved by Date to join CCOEB

Note(s)

Fees: All fees must be made payable in Canadian currency to: Canadian College of Evangelical Bishops

- a. Application processing fee \$150.00
- b. Grant of Consecration \$3,500
- c. Admission for Consecrated Bishops, Apostles and Prophets \$1500.00
- d. Annual Membership fee (Bishops, Apostles and Prophets) \$300.00
- e. Auxiliary Members (Pastors, Evangelists, other Ministers) \$100 admission and \$50 annually