



AFFFI

APOSTOLIC FAITH FELLOWSHIP INT'L

1700 Ritchie Marlboro Rd Upper Marlboro, MD 20744 (301) 795-2729 – Office (301) 795-2730 – Fax
Bishop Charles E. Johnson, Presiding Prelate
Bishop C. L. Hardy, Th.D., Assistant Presiding Bishop

NOMINATION ELIGIBILITY FORM

DATE _____

LAST NAME	FIRST NAME	MI	TITLE
STREET ADDRESS			APT/UNIT#
CITY		STATE	ZIP CODE

OFFICE NOMINATED FOR		
AFFI GENERAL OFFICERS <input type="checkbox"/> ASST PRESIDING PRELATE <input type="checkbox"/> GENERAL SECRETARY <input type="checkbox"/> ASST GENERAL SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> ASST TREASURER <input type="checkbox"/> PARLIAMENTARIAN	AUXILIARIES <input type="checkbox"/> AFFI YPU <input type="checkbox"/> MEN'S MINISTRY <input type="checkbox"/> AFFI WOMEN'S AUXILIARY <input type="checkbox"/> CHRISTIAN EDUCATION	AUXILIARY OFFICERS <input type="checkbox"/> PRESIDENT <input type="checkbox"/> VICE-PRESIDENT <input type="checkbox"/> SECRETARY <input type="checkbox"/> ASST SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> ASST TREASURER <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> PARLIAMENTARIAN

PASTOR'S APPROVAL

CHURCH NAME	MEMBER?	HOW LONG?
STREET ADDRESS		APT/UNIT#
CITY	STATE	ZIP CODE
CURRENT AND/OR POSITIONS HELD		

EDUCATIONAL BACKGROUND (CIRCLE HIGHEST LEVEL COMPLETED)	
High School	2-Year College Undergraduate Graduate Post Graduate Other (specify)
DESCRIBE DUTIES AND ATTACH TO THIS DOCUMENT. DESCRIBE ANY EXPERIENCE (PROFESSIONAL OR RELIGIOUS) (I.E. WORKSHOPS, SEMINARS, CERTIFICATIONS, ETC.) THAT SUPPORTS YOUR PREPARATION FOR THIS POSITION	
APPLICANT'S SIGNATURE	DATE
PASTOR'S NAME	
PASTOR'S SIGNATURE	DATE

COUNCIL APPROVAL

AFFI DISTRICT COUNCIL NAME	MEMBER?	HOW LONG?
CURRENT AND/OR POSITIONS HELD		
DESCRIBE COUNCIL DUTIES AND RESPONSIBILITIES, AND ATTACH TO THIS DOCUMENT.		
COUNCIL CHAIRMAN'S NAME		
COUNCIL CHAIRMAN'S SIGNATURE	DATE	

AFFI DIOCESAN'S APPROVAL

DESCRIBE AFFI DUTIES AND RESPONSIBILITIES, AND ATTACH TO THIS DOCUMENT.	
AFFI DIOCESAN'S NAME	
AFFI DIOCESAN'S SIGNATURE	DATE

AFFI OFFICIAL USE – DO NOT WRITE BELOW THIS LINE

REQUIREMENTS MET	YES	NO	N/A
COUNCIL MEMBERSHIP			
AUXILIARY MEMBERSHIP			
COUNCIL ATTENDANCE			
FINANCIAL OBLIGATION			

COMMENTS _____

REVIEWER'S NAME	
REVIEWER'S SIGNATURE	DATE