

Official Application (*Do not alter*)



UNIVERSIDAD TEOLOGICA LA PALABRA

Great Testimony of God Seminary Theological Christian University Inc

350 Fifth Avenue, 59th Floor, New York City, NY, 10118

Rev. Dr. Carlos Contreras-Duarte, Founding-President & General Rector

Phones 212-568-7468; 1-844-568-7468 & Cell 347-615-5976

APPLICATION FOR CREDENTIALS

TO ENSURE ACCURATE PROCESSING OF INFORMATION PLEASE PRINT LEGIBLY

TITLE ONLY: _____

(Pastor, Bishop, Dr, etc. as you want listed on your certificate)

FULL NAME: _____

(First, Middle or Initial, Last)

ADDRESS: _____

(Give your mailing address)

CITY, STATE & ZIP: _____

PHONE #: _____

(Land Based #)

CELL # _____

(Mobile #)

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

(Month, Day, Year)

NAME OF YOUR CHURCH: _____

YOUR CHURCH ADDRESS: _____

(Street, City, State, Zip)

YOUR PASTOR'S NAME: _____

I freely submit this application with true and accurate information requesting to become an affiliated member with *Universidad Teologica La Palabra*. I understand that my membership is for the purpose of working the Vision the God has given me as an individual to help alleviate poverty in communities around the world, and, to bring souls into the kingdom of God. I agree to live according to the Word of God in His written word, The Holy Bible, and also to be governed by the standards of *Universidad Teologica La Palabra* as reflected on my certificación.

(Print Your Name Full Here / Escriba Su Nombre Completo Aqui)

(YOUR SIGNATURE) (DATE)

SU FIRMA (FECHA)

Property of Universidad Teologica La Palabra





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Name three (3) personal references who are not family or your relative

Name of Person: _____

Address: _____

Relationship: _____

Phone: _____

How many years have you known this person? _____

Name of Person: _____

Address: _____

Relationship: _____

Phone: _____

How many years have you known this person? _____

Name of Person: _____

Address: _____

Relationship: _____

Phone: _____

How many years have you known this person? _____

DATE: _____

MY SIGNATURE: _____





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Greetings and thanks for your interest in joining us here at as we endeavor to help the body of Christ through God given Visions.

In order to complete this process, please complete the attached application for credentialing and membership, and submit with the appropriate fee. Fees are to help defray the cost of our corporate office, and to provide you with a certified membership with **Universidad Teologica La Palabra** Please allow at least 4-5 weeks to receive your certificate. Your credentials must be renewed annually. All information is confidential and will be on file at our corporate office

Fees are as follows:

Ordained Ministry Offices

Apostle /Prophet-Apostol / Profeta	\$ 225.00
Bishop / Obispo	\$ 200.00
Pastor	\$ 200.00
Elder/Anciano	\$ 150.00
Evangelist	\$ 150.00
Deacon / Diácono	\$ 125.00
Missionary	\$ 125.00
Church Project Leader or Project officer	\$ 200.00

Other/Not Ordained Ministry Offices

Minister	\$ 125.00
Evangelist	\$ 125.00
Missionary	\$ 100.00
Church Project Leader	\$ 200.00
Member (non-minister)	\$ 100.00
Church Member	\$ 25.00

*** Make all payments out to: Universidad Teologica La Palabra. Submit a copy to your State Representative and mail the original copy to above address. Always keep a copy for your personal file.

Yours in Christ,

Rev. Dr. Carlos Contreras-Duarte

MY SIGNATURE: _____
Mi Firma DATE (Fecha)

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