



**Of the Assemblies of God  
1640 Broadway St \* Vallejo, CA 94590**

**Email: [nfdeaf@comcast.net](mailto:nfdeaf@comcast.net) \*\* FAX: 707-644-1980 \*\* TTY/VP: 707-649-1735**

**Application for NF Credential Holder Membership**

*(When done please either Mail or FAX to Rev Olivia Bibb, NF Bookkeeper. Thanks)*

**Credential Holder Name:** \_\_\_\_\_  
First Middle Last

**Type of Credential (please circle one):** Ordained Licensed to Preach Certified Minister Other \_\_\_\_\_ (please specify)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**TTY:** \_\_\_\_\_ **H/W** **FAX:** \_\_\_\_\_ **H/W** **Voice:** \_\_\_\_\_ **HW** **VP:** \_\_\_\_\_ **H/W**

**Email:** \_\_\_\_\_ **Text/Email Pager:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Children:** \_\_\_\_\_

**Church/Present Ministry:** \_\_\_\_\_ **District:** \_\_\_\_\_  
Church Name City, State

**Current Position:** \_\_\_\_\_ **Date started:** \_\_\_\_\_ (mo/yr) **Please check if** Deaf: \_\_\_\_\_ Hard-of-Hearing: \_\_\_\_\_ Hearing: \_\_\_\_\_

**Membership Fee: All Credential Holder: \$20/month or \$240/year** (refer to the Articles of Fellowship – NF Deaf Culture, Section 14.05 - Credential Holder fee)

**Credential:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature of Credential Holder

\*\*\*\*\*

**Effective Date:** \_\_\_\_\_ **Approved by NF Administrative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**New:** \_\_\_\_\_ **Upgrade:** \_\_\_\_\_ **Lapsed:** \_\_\_\_\_ (rev. 1/28/08)