

**REGISTRATION  
of My Call to Ministry**

Full Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

I feel called to minister in the following areas:

<input type="checkbox"/> Church Administrator	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Educator
<input type="checkbox"/> Evangelist	<input type="checkbox"/> Christian Ed.	<input type="checkbox"/> Music
<input type="checkbox"/> Missionary	<input type="checkbox"/> Pastor	<input type="checkbox"/> Unsure
<input type="checkbox"/> Song Evangelist	<input type="checkbox"/> Lay Minister	

My local pastor is:

District: South Central Ohio

Complete the form and print five copies. Keep one copy.  
Send one copy to each of the following:  
Your local pastor, the District Ministerial Studies Board,  
Clergy Development, Your District Superintendent