

**APPLICATION FOR MINISTERIAL RELATIONSHIP**  
Iowa Annual Conference of the United Methodist Church

**Please complete this form and send by November 8 to:**

Lisa Steel, Office of Ministerial Services, 2301 Rittenhouse Street, Des Moines, IA 50321 [lisa.larson@iaumc.org](mailto:lisa.larson@iaumc.org)

Applying for:     Elder full membership                       Elder provisional membership  
                          Deacon full membership                       Deacon provisional membership  
                          Associate membership                       Continuing provisional member

District \_\_\_\_\_

Full name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Office phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

High school \_\_\_\_\_ Year graduated \_\_\_\_\_

College \_\_\_\_\_ Degree/year \_\_\_\_\_

Seminary \_\_\_\_\_ Degree/year \_\_\_\_\_

OR Course of Study location \_\_\_\_\_ Date completed \_\_\_\_\_

Advanced Course of Study location \_\_\_\_\_ Date completed \_\_\_\_\_

Do you wish to request an accommodation for any or all of the requirements? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Date recommended as Candidate for Ministry by Charge Conference \_\_\_\_\_

Charge/Church which recommended you \_\_\_\_\_

Date certified as candidate for ministry \_\_\_\_\_ Which district? \_\_\_\_\_

Licensing school attended and year \_\_\_\_\_

Date of provisional membership, if applicable \_\_\_\_\_

Previous ordination/Annual Conference/denomination \_\_\_\_\_

Denomination and credential with date (if not United Methodist) \_\_\_\_\_

Number of years under supervision of District Superintendent \_\_\_\_\_

Psychological testing date \_\_\_\_\_ Location \_\_\_\_\_

CPE location \_\_\_\_\_ Completion date \_\_\_\_\_