



DALLAS THEOLOGICAL SEMINARY

ASSOCIATION OF EVANGELICAL MINISTERS MEMBERSHIP APPLICATION

Note: AEM is a ministry for DTS alumni who are participating in or retired from professional ministry.

I. CONTACT INFORMATION

Form with fields for Last Name, First, Middle, Nickname, Home Mailing Address, Home Phone, Home Email, Work Mailing Address, Work Phone, and Work Email.

II. EDUCATIONAL INFORMATION

Please list all schools attended beyond high school.

Table with 6 columns: Institution, City, State, From, To, Degree, Major.

III. BIOGRAPHICAL INFORMATION

Gender: [ ] male [ ] female
Marital Status: [ ] single [ ] married [ ] engaged [ ] widowed

Spouse's Name: \_\_\_\_\_
Have you ever been divorced? [ ] Yes [ ] No Are you now separated? [ ] Yes [ ] No
If yes, please attach a statement explaining the circumstances of your divorce or separation.

Number of Children: \_\_\_\_\_

Have you been or are you under any kind of disciplinary action or pending action by any school, church, or ministry agency? [ ] Yes [ ] No
If yes, please attach a statement explaining the circumstances and outcome.

Have you ever been convicted of a crime? [ ] Yes [ ] No
If yes, please attach a statement explaining the circumstances and outcome.

**IV. EMPLOYMENT INFORMATION**

Please list any type of employment within the past five years.

Title/Position	Organization Name	City, State	From	To

**V. MINISTRY INFORMATION**

Are you licensed?  Yes  No      Are you ordained?  Yes  No

**A. CHURCH MINISTRY**

Please give the contact information for your current church:

Church Name	City, State	Phone	From	To

Your Affiliation (check all that apply):  Regular Attendee  Member  Staff

With what ecclesiastical body is this church associated? (If none, state "independent.") \_\_\_\_\_

Where were you previously affiliated?

Church Name	City, State	Phone	From	To

What position(s) have you held at your current church and/or previous church?

Title/Position	Church Name	Duties	From	To

**B. PARACHURCH MINISTRY**

Please give information for the last two parachurch ministries you have served:

Ministry Name	City, State	Phone	From	To

What position(s) have you held at your current ministry and/or the previous one?

Title/Position	Ministry Name	Duties	From	To

**VI. REFERENCES**

Please indicate whom you have selected as references. The "Pastoral Reference" should be completed by a pastor or someone who knows you on both personal and spiritual levels. The "Personal Reference" should be completed by a friend, neighbor, or coworker.

Send both a reference form and copy of the "Code of Ethics" to each of your references, either by emailing them the "Reference Forms" web link (www.dts.edu \_\_\_\_\_) or by printing and delivering hard copies. **Your references should return the completed forms directly to the DTS Alumni Office** via fax (214-841-3719) or mail (Alumni Relations-AEM / Dallas Theological Seminary / 3909 Swiss Ave / Dallas TX 75204).

**A. PASTORAL REFERENCE**

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Full Name	Position
<hr/>	
Mailing Address	Daytime Phone

**B. PERSONAL REFERENCE**

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Full Name	Position
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Mailing Address	Daytime Phone

**VII. AFFIRMATIONS**

Have you read the "Doctrinal Statement" and "Code of Ethics" for the AEM?  Yes  No

Do you agree with both the "Doctrinal Statement" and "Code of Ethics" and agree to uphold and observe the positions set therein?  Yes  No  
*If not, please attach a statement explaining why.*

Do you affirm that the facts you've supplied in this application and accompanying materials are true, to the best of your knowledge?  Yes  No

\_\_\_\_\_  
Applicant's Signature Date