

APPLICATION FOR EMERITUS CREDENTIALS

SOUTHERN UNION CONFERENCE

****PLEASE COMPLETE *ENTIRELY*:**

Date _____

Name of Applicant (print) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email address _____

Credential for which applying _____

Present membership held in _____ Church

City/State _____

Conference _____

Name of present pastor _____

Date of applicant's retirement _____

Last denominational employer _____

Last credential held with employer _____

Dates credential held _____

Recommended by Conference Administrator of last denominational employer
(print) _____

Administrator's signature _____

Date _____

Notary signature _____

Date _____

Please return completed blank to:

Office of the Executive Secretary
Southern Union Conference
P.O. Box 849
Decatur, GA 30031

Phone: 404-299-1832 Fax: 404-299-9726



Revised 1-2010