

**WI DISTRICT UPCI
APPLICATION FOR PREACHING POINT**

The following application must be submitted to the District Board for approval of a new Preaching Point.

I. PERSONAL INFORMATION FOR THE LEADER OF THE PREACHING POINT:

Name: _____ Spouse's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Ministerial License: Local General Ordained Attending PI In Application Process

If licensed, date of approval or last upgrade: ____/____/____ District: _____

Present position held in home church: _____

Are you actively involved in discipleship and as a Home Bible Study teacher? Yes No

Give a brief history of Bible studies taught and people won to the Lord:

II. MOTHER CHURCH INFORMATION:

Mother Church: _____ Pastor: _____

Address: _____ City, State, Zip: _____

Section # _____ Church Phone: _____ Email: _____

III. PREACHING POINT INFORMATION:

City in which the preaching point is to be located _____

Section # _____ Distance from mother church _____

Name of intended preaching point: _____

Address where services will be held: _____

Mailing address: Same as mother church Same as meeting location Other

If, other, please provide the address below:

Address: _____ City, State, Zip: _____

What type of outreach or services do you plan for the preaching point? _____

When will services or meetings take place (days/time)? _____

What is the goal of the preaching point? Potential daughter work Satellite campus Other

If, other, please explain: _____

Other UPCI churches in preaching point area:

Church Name: _____ Pastor _____

Distance _____ Has this pastor been notified about the new preaching point? Yes No

Church Name: _____ Pastor _____

Distance _____ Has this pastor been notified about the new preaching point? Yes No

Church Name: _____ Pastor _____

Distance _____ Has this pastor been notified about the new preaching point? Yes No

Listing options for directory: (select one)

- Do not list in the directory
- List the name of the pastor of the mother church only
- List the name of the leader of the preaching point only
(Must be licensed with the UPCI to be listed in directory)
- List both the name of the pastor of the mother church & the leader of preaching point

IV. AFFIRMATION

I do hereby certify that I have carefully read WI NAM Policy regarding preaching points, and that I will practice the highest level of ministerial ethics, work in peace and harmony with all ministers, co-operate with all efforts of the organization, and be faithful to the Fundamental Doctrine and Articles of Faith of the UPCI.

Signature of Mother Church Pastor

____/____/____
Date

Signature of Preaching Point Applicant

____/____/____
Date

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For Office Use Only

Has the WI NAM Director been notified regarding this new preaching point? Yes No

Has the presbyter notified all neighboring pastors? Yes No

WI District UPCI Board met to consider this application on ____/____/____.

Determination: Approved Declined Deferred

WI District UPCI Superintendent / Secretary: _____ Date: ____/____/____