



# 17. APPLICATION TO A ROSTER OF THE EVANGELICAL LUTHERAN CHURCH IN CANADA —OTHER LUTHERAN CHURCHES OR OTHER CHRISTIAN TRADITIONS

**Roster to which you seek admittance:**

**Pastoral Ministry**

**Diaconal Ministry**

ELCIC Synod:

ABT

BC

EASTERN

MNO

SK

## CONTACT INFORMATION

Name: \_\_\_\_\_  
*Last / First / Middle* *Title* *(Last name at birth, if different)*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City / Province / Postal Code*

Phone number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

## POST-SECONDARY EDUCATION

	<i>Name of School/Location</i>	<i>Dates</i>	<i>Major subjects</i>	<i>Credits</i>	<i>Degree</i>	<i>Date</i>
College:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate school:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seminary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Education:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have professional certification or licensure in any specialization? Yes No

Describe:

Fluent in language(s):

**WORK HISTORY**

Please list most recent position first, including any military service.

*Position / Employer / Dates*

**CHURCH SERVICE HISTORY AND PREFERENCES**

Member of: \_\_\_\_\_ *(church denomination and country)*

Date of Baptism: \_\_\_\_\_

Date of Ordination: \_\_\_\_\_

Date of Entry to Last Roster: \_\_\_\_\_ Specify Roster: \_\_\_\_\_  
*Month / Day / Year*

Date Left Last Roster: \_\_\_\_\_ Specify Roster: \_\_\_\_\_  
*Month / Day / Year*

\*Congregational Membership (if in Canada at time of application):

\_\_\_\_\_  
*Congregation Name*

\_\_\_\_\_  
*City / Province / Postal Code*

\_\_\_\_\_ *Pastor* \_\_\_\_\_ *ELCIC Synod*

\_\_\_\_\_  
*Denomination affiliation and regional unit if not ELCIC*

Active member of congregation since: \_\_\_\_\_  
*Month / Year*

**SYNOD BISHOP WHILE IN MOST RECENT ROSTERED SERVICE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there any reason why this person should NOT be contacted?      Yes      No

State the reasons for request to join ELCIC roster, with special focus upon what has changed in your life (faith, attitudes and circumstances) and the theological rationale for service in this church.

*I hereby apply for admission to a roster of the Evangelical Lutheran Church in Canada.*

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*Signature*

*Month / Day / Year*

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***Return the completed original form to the Synod Office of your choice.  
Send it to the attention of the bishop.***

**ELCIC- The Synod of Alberta and the Territories (ABT)**  
10014–81 Ave, NW, Edmonton, Alberta, Canada T6E 1W8

**ELCIC- British Columbia Synod (BC)**  
80 E 10 Ave, New Westminster, British Columbia, Canada V3L 4R5

**ELCIC- Eastern Synod (E)**  
74 Weber St W, Kitchener, Ontario, Canada N2H 3Z3

**ELCIC- Manitoba/Northwestern Ontario Synod (MNO)**  
935 Nesbitt Bay, Winnipeg, Manitoba, Canada R3T 1W6

**ELCIC- Saskatchewan Synod (SK)**  
#6-2220 Northridge Dr., Saskatoon, Saskatchewan, Canada S7L 6X8