

**Peninsula-Delaware Annual Conference
Application for LPS**

Please Print:

NAME _____

ADDRESS _____

(town/city) _____ (state) _____ (zip) _____

PHONE () _____ - _____ E-MAIL _____

CHURCH () _____ - _____ CELL PHONE () _____ - _____

DISRICT _____ CHURCH _____

Current appointment _____

Are you a **Certified Candidate** for Ordained Ministry? _____

Date of Certification _____ **(month/year)**

If not, what is your status in the Candidacy Studies? _____

Will you be going to Seminary or to Local Pastors' School? **(circle one)**

Level of Education _____

Are you under appointment pending receipt of License as Local Pastor? _____

Signatures required:

REGISTRANT-

Signature of Registrant _____

I understand that my attendance is expected for the duration of the LPS and that I will not be available for pastoral duties during this time, including preaching.

Please initial _____

DISTRICT SUPERINTENDENT-

Signature of District Superintendent _____

I certify that _____ has approval to attend
Local Pastors' Licensing School.

CONFERENCE REGISTRAR-

Signature of Conference Registrar _____

Rev. Darlene M. Dixon
Peninsula-Delaware Conference Registrar
St. Mark's United Methodist Church
100 Peachblossom Road
Easton, Maryland 21601
410-822-0001
fax 410-822-0002

**Return this letter to your Conference registrar
Make checks payable to "Peninsula-Delaware Conference"
1/3 Applicant / 1/3 Conference / 1/3 Local Church**