

**DISCERNMENT AND ORDINATION IN THE CMA  
MEMBER IN DISCERNMENT APPLICATION as of June 2014**

Please complete this application and return it and supporting documents to the Chicago Metropolitan Association. This form will be used to open your application file at CMA. You will not be scheduled for an appointment with the Discernment Team until all required materials have been received, including your non-refundable \$183.00 psychological fee and charges that may be due from your local church for that assessment. More information on required items and steps can be found on the Member In Discernment Page of the CMA Website at [cma.ilucc.org](http://cma.ilucc.org)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

POSITION OR TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ PREFERRED FAX: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_

NAME OF SEMINARY: \_\_\_\_\_  
(Expected) Graduation Date

SCHOOL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCAL CHURCH MEMBERSHIP: \_\_\_\_\_

CHURCH ADDRESS: \_\_\_\_\_

LETTERS OF REFERENCE WILL BE COMING FROM:

FACULTY ADVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PASTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ATTACHMENTS:**

\_\_\_\_\_ A WRITTEN PAPER ON YOUR CHRISTIAN PILGRIMAGE (3 PAGES)

\_\_\_\_\_ BIOGRAPHY (2 PAGES)

\_\_\_\_\_ STATEMENT ABOUT EDUCATIONAL PLANS INCLUDING ANY FINANCIAL CONCERNS (IF APPLICABLE)

\_\_\_\_\_ OFFICIAL TRANSCRIPT OF THE LAST THREE YEARS OF FORMAL EDUCATION

\_\_\_\_\_ LETTER FROM YOUR LOCAL CMA CHURCH RECOMMENDING YOU FOR THE DISCERNMENT PROCESS AND VERIFYING THE LENGTH OF YOUR CHURCH MEMBERSHIP

\_\_\_\_\_ 2 CHECKS MADE PAYABLE TO 'CMA' IN AMOUNT OF \$183.00

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Chicago Metropolitan Association, Illinois Conference - United Church of Christ**

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