

**MANITOBA NORTHWESTERN ONTARIO SYNOD**



***CERTIFICATE IN LAY MINISTRY***  
*'Congregational Needs' Registration form*

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**CONGREGATION MEMBERSHIP** \_\_\_\_\_

**DATE OF REGISTRATION** \_\_\_\_\_

**REGISTRATION FEE ENCLOSED (\$35.00)**

- **Receive information about upcoming courses**
- **Receive certificate upon completion of credit courses**
- **Covers administrative costs pertaining to certificate program, including tracking student's progress**
- **Does not include fees for individual courses**

**CONGREGATIONAL ACTIVITIES IN PAST FIVE YEARS:** \_\_\_\_\_

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**EDUCATION (Post Secondary degrees, certificates, diplomas, continuing education courses, etc.)**

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\_\_\_\_\_ **SIGNATURE OF APPLICANT**

**\*\*Send this form to: Multiplying Ministries, MNO Synod Office**  
**[mnosynod@elcic.ca](mailto:mnosynod@elcic.ca) OR 201-3657 Roblin Blvd., Winnipeg MB R3R 0E2**

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**OFFICE USE ONLY:**

- \_\_\_\_\_ **Received letter of recommendation from Council Chair**
- \_\_\_\_\_ **Received letter of reference from congregational pastor**
- \_\_\_\_\_ **Received letter of reference from non-relative in parish**
- \_\_\_\_\_ **Received one page autobiographical statement from candidate**
- \_\_\_\_\_ **Received covenant from Mentor (if required by sponsoring congregation)**
  
- \_\_\_\_\_ **Date of completion of Certificate Program**
- \_\_\_\_\_ **Received Certificate upon completion of course requirements**