

2018 LICENSE RENEWAL

Fill in every blank and complete each question. Please print or type.

Personal Information

Name _____ Birthdate _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Hm ph _____ Cell Ph _____ Work Ph _____

Spouse's name _____ Spouse's birthdate _____

Anniversary date _____

Please send correspondence to: Home Ministry

1. Are you presently working a Part-time ___ or Full-time ___ job in addition to your ministry? ___Yes ___ No

Ministry Information

Name of Church/Ministry _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Fax _____

Website _____

We believe in you and we are committed to equipping and empowering you for Community and Global impact! Our continuing Education is just one of the ways that we do that.

1. Have you completed the C.E. requirements for 2017? ___Yes ___ No
 - Attended a Leadership Summit ___Yes ___ No OR Watched videos from a Summit ___Yes ___ No
 - Listened to 3 of the 4 Global Calls ___Yes ___ No
 - Are you planning on attending a Leadership Summit in 2018 ___ Yes ___ No

Your PRIMARY Field of Ministry (Please check ONLY ONE.)

- Sr. Pastor Youth Minister Administrator Singles Minister
 Asst. Minister Children's Minister Helps Overseas Minister
 Evangelist Music Minister Teacher
 Prison Minister/Chaplain

If "Youth Minister" checked :

- Are you involved in FCF's Youth Network? Yes No

Name of Pastor _____ Ph _____ Email _____

To be completed by your Pastor

	Excellent	Good	Poor	Unknown
Conduct toward authority	_____	_____	_____	_____
Church attendance	_____	_____	_____	_____
Financial responsibility toward the church	_____	_____	_____	_____
Relationship with church family	_____	_____	_____	_____
Relationship with spouse	_____	_____	_____	_____
Received in the community	_____	_____	_____	_____

_____ Pastor's signature _____ Pastor's printed name _____ Pastor's phone

Your Relational Representative

Did you contact your Relational Representative in 2017? Yes No

Please select two (2) Relational Representatives from the list below.

Preference 1. _____ 2. _____

*Your selection of a Relational Representative will be taken into consideration based on the availability. If both preferences are unavailable, a Relational Representative will be assigned.

- | | | | | |
|-----------------|-----------------|--------------------|----------------|---------------------|
| Bob Altemus | Ken Hielkema | Lynette McClelland | Kim Saylor | Scarlett Stephenson |
| Kathy Beers | Brian Jacobs | Kathy Mincer | Loren Schlomer | Randy Stroman |
| Bob Buse | Dick Johnson | Mark Moder | Jeff Smith | Judy Templeton |
| Joyce Chedester | Samuel Martinez | Clyde Oliver | Kay Smith | Donnie West |
| Jon Coats | Jim McClelland | Anna Payne | Valarie Smith | |
| Dee Hepler-Bell | | | Lonnie Stewart | |

In what ways can your Relational Representative assist you? _____

Payment

I am including \$ _____ to help underwrite the cost of FCF's annual Leadership Summits

Note the list of renewal fees. Please check the box that applies to you.

Individual \$175.00 (\$225 if postmarked after December 31, 2017)

Individual & credentialed spouse \$250 (\$350 if postmarked after December 31, 2017)

Pay by: check AMEX Visa MasterCard Discover

For payment other than check, a 3% processing fee will be charge

Credit Card Number

Expiration Date

Signature

Send your renewal form and fee to:

Faith Christian Fellowship Int'l Church, Inc.
PO Box 35443
Tulsa, OK 74153-0443

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