

2018 ORDINATION RENEWAL

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

Personal Information

Name _____ Birthdate _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Home Ph _____ Cell Ph _____ Work Ph _____

Spouse's name _____ Spouse's birthdate _____

Anniversary date _____

Please send correspondence to: Home Ministry

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.

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 the 2018 Leadership Summits ___ yes ___ No

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

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Sr. Pastor | <input type="checkbox"/> Youth Minister | <input type="checkbox"/> Administrator | <input type="checkbox"/> Singles Minister |
| <input type="checkbox"/> Asst. Minister | <input type="checkbox"/> Children's Minister | <input type="checkbox"/> Helps | <input type="checkbox"/> Overseas Minister |
| <input type="checkbox"/> Evangelist | <input type="checkbox"/> Music Minister | <input type="checkbox"/> Teacher | |
| <input type="checkbox"/> Prison Minister/Chaplain | | | |

If "Youth Minister" checked :

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

Name of Pastor _____ Ph _____ Email _____

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.

Relational Representative Options:

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

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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