

International Fellowship Of Christian Assemblies Credential Renewal Form

Personal Information: (Please check if this a change of address) () Date ___/___/___

Name _____ Address _____

City _____ State ___ Zip _____ Home Phone _____

Office Phone (_____) _____ Fax(_____) _____ Email _____

Church Information:

Your Pastor's Name _____ Please check, if self()

Church Name _____ Denomination Name _____

Address _____ City _____

State ___ Zip _____ Phone _____ Fax(_____) _____ Email _____

Ministry Information:

Did you financially support IFCA last year in accordance to the National Stewardship plan?

Yes ___ No ___ If not, please explain: _____

Did you financially support the IFCA District last year in accordance to its requirements?

Yes ___ No ___ if not, please explain: _____

Did you attend the IFCA National Convention last year? Yes ___ No ___

Did you attend the IFCA District Council meeting last year? Yes ___ No ___

Did you attend other IFCA District meetings last year? Yes ___ No ___

Do you continue to support the IFCA doctrines and tenants of faith? Yes ___ No ___

Check the level of credential you are applying to renew: OM ___ MG ___ LP ___ CW ___

Are you in full time ministry? Yes ___ No ___

Are you considering full time ministry? Yes ___ No ___

Please include a \$50 renewal fee with this application and return it to the proper District no later than January 15th. (Make check payable to IFCA)

District use only

Renewed ___ Refused ___ Reason _____

District Officers Signature _____ Date _____

Received ___/___/___ Check Number _____ Amount _____