

# IFCA Credential Upgrade Form



Please check if this is a change of address

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State MI Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

What level of upgrade are you applying for? \_\_\_\_\_

How long have you held your present credentials for? \_\_\_\_\_

Did you meet your financial obligations last year according to IFCA requirements?

\_\_\_ Yes \_\_\_ No If not please explain: \_\_\_\_\_

Did you attend the District Council meetings last year? Yes \_\_\_ No \_\_\_

If not please explain: \_\_\_\_\_

Do you continue to support the IFCA's doctrines and tenets of faith? Yes \_\_\_ No \_\_\_

If not please explain: \_\_\_\_\_

Have you had a change in marital status? Yes \_\_\_ No \_\_\_

If yes please explain: \_\_\_\_\_

Have there been any major changes in your ministry this last year? Yes \_\_\_ No \_\_\_

If yes please explain: \_\_\_\_\_

Write the name of your church or ministry. \_\_\_\_\_

Are you in full time ministry? \_\_\_ Yes \_\_\_ No Are you pursuing full time? \_\_\_ Yes \_\_\_ No

Have you completed the IFCA's educational requirements for the level you are applying for?  
(or equivalent from another acceptable source) \_\_\_ Yes \_\_\_ No

*Please enclose records of completed courses.*

**Please enclose \$10.00 upgrade fee with this application and send to your District Overseer.**

## District Use Only

Renewed \_\_\_ Refused \_\_\_ Reason \_\_\_\_\_

District Overseer's signature \_\_\_\_\_

Received \_\_\_/\_\_\_/\_\_\_ Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_