

# FAITH COVENANT MINISTRIES

24 WHALEN AVENUE  
SICKLERVILLE, NEW JERSEY 08081  
PHONE: (609) 209-3051 E-MAIL: FCMAKMJMSM @CS.COM

## ORDINATION RENEWAL APPLICATION FOR 2015

Please complete this form and return it to the address above immediately with your renewal fee. The renewal fee is as follows: \$88.00 for a single application; \$110.00 for a couple if attending an FCM church or \$130.00 per single and \$165.00 per couple for non-FCM. All renewals are due by January 1<sup>st</sup> at the FCM office. Renewals postmarked after January 1<sup>st</sup> will not be accepted until you have paid the \$50.00 late fee. PLEASE NOTE: If you are an affiliate or team member there is no charge if returned before January 1<sup>st</sup>. After January 1<sup>st</sup> you must pay the \$50.00 late fee. There will be a fee for renewing if you have a lapse in your renewal of \$50.00 per year. Ministers who renewals are not received by January 31<sup>st</sup> will cease to be credentialized with FCM. Their files will be placed on the inactive list and the ministers will be required to return their certificates.

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

Name \_\_\_\_\_ SS# \_\_\_\_\_

Hm Phone ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_ Work Ph ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Your Birthdate \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Anniversary Date \_\_\_\_\_

Name of Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Primary Field of Ministry (Please check only one).

_____ Pastor	_____ Evangelist	_____ Teacher
_____ Assistant Pastor	_____ Prophet	_____ Children's Minister
_____ Youth Pastor	_____ Helps (describe)	_____ Other (describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Are you in agreement with the vision of FCM? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

2. Have you actively supported the vision of FCM in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

3. What were your goals for 2014 and did you accomplish them? \_\_\_\_\_

\_\_\_\_\_

4. What are your goals for your ministry this year? \_\_\_\_\_

\_\_\_\_\_

5. Are you in full-time ministry? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_

6. Do you feel that FCM has been a benefit to you in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_

7. Do you feel that you have been a benefit to FCM in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_

8. Did you attend all of the FCM national conference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please remember that it is required . The local conference is required for those in other parts of the country besides New Jersey and Pennsylvania.

9. If you are a pastor of a church, have you had any of the FCM team minister at your church in 2014? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Name of Guest: \_\_\_\_\_ Date he/she ministered: \_\_\_\_\_

Name of Guest: \_\_\_\_\_ Date he/she ministered: \_\_\_\_\_

Name of Guest: \_\_\_\_\_ Date he/she ministered: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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# FAITH COVENANT MINISTRIES

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## LICENSING RENEWAL APPLICATION FOR 2015

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

Name \_\_\_\_\_ SS# \_\_\_\_\_

Hm Phone ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_ Work Ph ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Your Birthdate \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Anniversary Date \_\_\_\_\_

Name of Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Primary Field of Ministry (Please check only one).

_____ Pastor	_____ Evangelist	_____ Teacher
_____ Assistant Pastor	_____ Prophet	_____ Children's Minister
_____ Youth Pastor	_____ Helps (describe)	_____ Other (describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Are you in agreement with the vision of FCM? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

2. Have you actively supported the vision of FCM in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

3. What were your goals for 2014 and did you accomplish them? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your goals for your ministry this year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are you in full-time ministry? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you feel that FCM has been a benefit to you in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Do you feel that you have been a benefit to FCM in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Did you attend all of the FCM national conference? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please remember that it is required . The local conference is required for those in other parts of the country besides New Jersey and Pennsylvania.

9. If you are a pastor of a church, have you had any of the FCM team minister at your church in 2014? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Name of Guest: \_\_\_\_\_ Date he/she ministered: \_\_\_\_\_

Name of Guest: \_\_\_\_\_ Date he/she ministered: \_\_\_\_\_

Name of Guest: \_\_\_\_\_ Date he/she ministered: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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## EXHORTERS RENEWAL APPLICATION FOR 2015

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

Name \_\_\_\_\_ SS# \_\_\_\_\_

Hm Phone ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_ Work Ph ( \_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Your Birthdate \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Anniversary Date \_\_\_\_\_

Name of Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Field(s) of Ministry (List areas you are presently involved in)

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1. Are you in agreement with the vision of FCM? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

2. Have you actively supported the vision of FCM in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

3. What were your goals for 2014 and did you accomplish them? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your goals for your ministry this year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are you in fully committed to the areas of ministry in which you are involved? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_

6. Do you feel that FCM has been a benefit to you in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_

7. Do you feel that you have been a benefit to FCM in 2014? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

\_\_\_\_\_

8. Did you attend all of the FCM national conference? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Please remember that it is required . The local conference is required for those in other parts of the country besides New Jersey and Pennsylvania.

I hereby verify that I faithfully attend a church that is part of Faith Covenant Ministries and that I will continue to be submissive to the Pastor who is ordained with Faith Covenant Ministries, be actively involved in whatever areas of ministry assigned, support the church with my tithes and offerings and receive training on an on-going basis.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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