

FAITH COVENANT MINISTRIES

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

ORDINATION RENEWAL APPLICATION FOR 2017

Please complete this form and return it to the address above immediately with your renewal fee. The renewal fee is as follows: \$92.00 for a single application; \$125.00 for a couple if attending an FCM church or \$137.00 per single and \$175.00 per couple for non-FCM. All renewals are due by January 1st at the FCM office. Renewals postmarked after January 1st 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 1st. After January 1st 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 31st 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 _____ Cell Phone (____) _____

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 _____

Do not write in this box. For official use only.

Card issued _____ Expiration Date: _____

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LICENSING RENEWAL APPLICATION FOR 2017

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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 _____ Cell Phone (____) _____

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 2017

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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 _____ Cell Phone (___) _____

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)

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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