

International Fellowship Of Christian Assemblies
New England District
Credential Renewal Form
(2011)

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 IFCA New England 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 _____