

International Fellowship of Christian Assemblies Credential Renewal Form

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

Name: _____ Personal E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone _____

Church Information:

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

Church Name: _____ Denomination: _____

Address: _____ City: _____ State: _____ Zip: _____

Church Phone: _____ Church 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 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

Are you taking any Biblical or Ministerial studies? Yes Yes, I plan to in the future 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 New England District – IFCA
c/o Christian Assembly Church 9 Cummings Street Somerville, MA 02145 (payable to IFCA)**

District use only

Renewed Refused Reason: _____

District Officers Signature: _____ Date: _____

Received ___/___/___ Check Number _____ Amount _____