

# IFCM Ministerial Credential Renewal Form

International Fellowship of Christian Ministries  
21951 US Highway 441 – P.O. Drawer 200  
Mt. Dora, Florida 32757 Phone: 352-735-5777 Fax: (352) 735-1084  
Website: [www.IFCMGlobal.org](http://www.IFCMGlobal.org)



*Please complete this form and mail promptly to the IFCM.  
This annual renewal form must be completed and returned.*

## **I. Personal Information**

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

Web Address (If Applicable.) \_\_\_\_\_

## **II. Ministry Information**

Ministry/Church Name

\_\_\_\_\_

How long have you held Ministry Credentials with IFCM? \_\_\_\_\_

Please describe your Ministry:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What field of Ministry are you presently called to? \_\_\_\_\_

In the past year, approximately how many times (i.e. full time; weekly; monthly) did you minister God's Word in services?

\_\_\_\_\_

On average, how many hours per week do you work in your ministry? \_\_\_\_\_

In what type of secular work, if any, are you employed?

\_\_\_\_\_

Please give a brief overview of your Ministry during the last year:  
(On attached MINISTRY REPORT Sheet.)

What do you anticipate for the coming year in your Ministry?

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

Please share with us any information regarding changes or developments in your ministry.

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

Please share with us any prayer request(s) so that we might agree with you:

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

I shall throughout this year do my best to spread the Gospel of Jesus Christ and the general principles of this ministry.

Yes       No

### **III. Ministry Report**

**Please give an overview of your Ministry this past year.**

#### **IV. Annual Renewal Fee (\$25.00)**

There is a \$25.00 annual renewal fee for IFCM Ministry Credential Renewal. Once you have completed this form, please print and return with your check made payable to:

**IFCM  
P.O. Box 200  
Mt. Dora, FL 32756**

#### **Disclaimer and Release of Liability Statement**

By submission of this renewal application for ministry credentials you agree with this liability statement concerning International Fellowship of Christian Ministries, Inc. Applicant fully understands that typed name anywhere on this application represents your signature. You assume all risk and responsibilities for choosing to renew your ministry credentials with: International Fellowship of Christian Ministries, Inc. Additionally, you further release International Fellowship of Christian Ministries, Inc., it's entire staff, Officers, Board of Directors and President from any and all liabilities, claims or actions associated with your decision to apply to International Fellowship of Christian Ministries, Inc.

**DISCLAIMER:** We believe that there are many God-called fellowships, organizations and associations of which International Fellowship of Christian Ministries, Inc. is just one. International Fellowship of Christian Ministries, Inc. retains the right to deny, revoke, repossess or withdraw ministry credentials and/or ministry affiliation. I hereby state that all information contained in this application is correct and true. I also understand that completion of this application in no way guarantees or implies acceptance as a Credential Holder with International Fellowship of Christian Ministries, Inc.

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Your Signature

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Date