



Faith Christian Fellowship of Canada Inc.  
 PO Box 1202  
 Moncton, NB E1C 8P9

## 2012 EXHORTER'S RENEWAL

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

### Personal Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Hm phone \_\_\_\_\_ Wk Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_ Anniversary date \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Please send correspondence to  Home  Ministry

### Ministry Information

Name Church/Ministry \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Church/Ministry website \_\_\_\_\_ Church/Ministry e-mail \_\_\_\_\_

### Your Primary Field of Ministry (Please check ONLY ONE)

<input type="checkbox"/> Sr. Pastor	<input type="checkbox"/> Youth Minister	<input type="checkbox"/> Administrator	<input type="checkbox"/> Singles Minister
<input type="checkbox"/> Asst. Minister	<input type="checkbox"/> Children's Minister	<input type="checkbox"/> Helps	<input type="checkbox"/> Overseas Minister
<input type="checkbox"/> Evangelist	<input type="checkbox"/> Music Minister	<input type="checkbox"/> Teacher	<input type="checkbox"/> Prison Minister/Chaplain

1. Are you in agreement with the vision of FCF Canada?  Yes  No  
 Explain: \_\_\_\_\_

2. Have you actively supported the FCF vision in 2011?  Yes  No  
 How? \_\_\_\_\_

3. Did you attend the FCF Family Church Conference Ajax in 2011?  Yes  No  
 Regional Meetings? - Which One \_\_\_\_\_

4. Have you made contact or had any interaction with any of the following in 2011?  
 FCF Canada National President: Pastor Bill & Duska Annis  Yes  No  
 FCF Canada Secretary Treasurer: Terry Doiron  Yes  No  
 FCF Canada Board Member: Shawn Annis  Yes  No  
 FCF Canada Board Member: Jon Burman  Yes  No  
 FCF Canada Board Member: David Kinzel  Yes  No

5. Has the direction of your ministry changed in 2011?  Yes  No  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Are you in full-time ministry?  Yes  No  
 Write a brief statement of what you are doing in the ministry: \_\_\_\_\_  
 \_\_\_\_\_

7. How did you participate in the overall vision of FCF Canada in 2011?

\_\_\_\_\_

\_\_\_\_\_

8. How did FCF Canada contribute to your life and ministry in 2011?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

9. We believe our credentialed ministers should partner financially with the Canadian Head Office. In 2012 will you personally send offerings to FCF Canada?  Yes  No

If Yes please define your commitment amount. \_\_\_\_\_

If No, please state your reason. \_\_\_\_\_

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

This section is to be completed by your Pastor.

	Excellent	Good	Poor	Unknown
Conduct toward authority	_____	_____	_____	_____
Church attendance	_____	_____	_____	_____
Financial responsibility toward church	_____	_____	_____	_____
Relationship with church family	_____	_____	_____	_____
Relationship with spouse	_____	_____	_____	_____
Received in the community	_____	_____	_____	_____
Comments: _____				

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Pastor's Printed Name

\_\_\_\_\_  
Pastor's Phone #

Note the list of renewal fees. Please check the box that applies to you.

Individual ..... \$100.00

Individual (postmarked after December 31, 2011) ..... \$125.00

Pay by  check  AMEX  Visa  MasterCard

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

Send your renewal form and fee to:  
**Faith Christian Fellowship of Canada Inc.**  
**P.O. Box 1202**  
**Moncton, NB E1C 8P9**

**Do not write in this box. For office use only.**

Board approval \_\_\_\_\_ Date \_\_\_\_\_

Card issued \_\_\_\_\_ Expiration Date \_\_\_\_\_