



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

Faith Christian Fellowship
 CANADA

2024 ORDINATION 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 of 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. Which FCF meetings did you attend in 2023?

2. Have you made contact or had any interaction with any of the following in 2023?

FCF Canada National President: <u>Pastor Bill & Duska Annis</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FCF Canada Board Member and VP: <u>Shawn Annis</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FCF Canada Secretary Treasurer: <u>Terry Doiron</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FCF Canada Board Member: <u>David Kinzel</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FCF Canada Board Member: <u>Fredrica Walters</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. What can FCF Canada do to better assist you in the coming year?

4. We believe our credentialed ministers should partner financially with the Canadian Head Office. In 2024 will you personally send offerings to FCF Canada? Yes No
Weekly Monthly

If Yes please define your commitment amount. _____

If No, please state your reason. _____

Your Signature _____ Date _____

Payment

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

- Individual \$150.00
- Individual (**postmarked after December 31, 2023**) \$175.00

Pay by check AMEX Visa MasterCard

_____-_____-_____
Credit Card Number

_____/_____
Expiration Date

Security Code

Signature

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

<p>G Do not write in this box. For office use only.</p> <p>M Board approval _____ Date _____</p> <p>D Card issued _____ Expiration Date _____</p>
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