



2025 LICENSE 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 2024?

2. Have you made contact or had any interaction with any of the following in 2024?

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
FCF Canada Board Member: <u>Jesse Knight</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 2025 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 _____

This section is to be completed by your Pastor. Your pastor should then send this renewal form and your check to FCF Canada.

	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 #

Payment

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

- Individual \$150.00
 Individual (**postmarked after December 31, 2024**) \$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

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