

OFFICE USE ONLY
Check # _____
Amount \$ _____
Date _____
Initial _____
Bal. Due _____

cmiGLOBAL

Calvary Ministries, Inc., International
P.O. Box 11228, Fort Wayne, IN 46856-1228 USA
Telephone (260) 459-0225
E-Mail: hflint.org@gmail.com



CLERGY MEMBERSHIP RENEWAL FORM

Annual Renewal Fee: Ordained - \$200.00 Licensed - \$150.00

Complete this form, sign it, enclose proper renewal fee, and send to the CMI office. Renewal Forms and supporting material are the property of CMI.

PERSONAL DATA:

Name: _____ Date: _____

E-Mail: _____ Cell Phone: _____

Website: _____

Home Church: _____ Ministry Position: _____

IF LICENSED:

Approximate number of hours you were weekly involved in ministry: 10 hours 20 hours 30 hours More

Signature _____

ONLY COMPLETE ITEMS BELOW WHERE CHANGES HAVE BEEN MADE DURING THE PAST YEAR.

Check this box if none of the following has changed during the past year.

HOME/FAMILY DATA:

Home Address _____ City _____ State _____

Zip _____ Phone: (Office) _____ (Home) _____

Single Married Divorced Re-married Widowed

Spouse's Name _____ Birth date _____

Children Living at Home and Birth dates' _____

MINISTRY DATA:

Where are you employed? _____

Name of Church/Ministry _____

Address _____ City _____ State _____

Zip _____ Telephone _____

EDUCATIONAL DATA:

Have you furthered your formal education during the past year? Yes No

If yes, what formal education have you completed? _____

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Approved by: _____ Date _____