

2020 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 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 2019?

2. Have you made contact or had any interaction with any of the following in 2019?

FCF Canada National President: <u>Pastor Bill & Duska 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>Shawn Annis</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 2020 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.

	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 \$100.00
☐ Individual (post marked after December 31, 2019) \$125.00

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
506-856-0161

G

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

M

Board approval _____ Date _____

D

Card issued _____ Expiration Date _____