



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

Faith Christian Fellowship  
CANADA

## 2021 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 2020?

\_\_\_\_\_  
\_\_\_\_\_

2. Have you made contact or had any interaction with any of the following in 2020?

FCF Canada National President: <u>Pastor Bill &amp; 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 2021 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 ..... ( due to covid19 fee will be \$125.00)  
☐ Individual (**postmarked after December 31, 2020**) ..... \$150.00

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**  
**Fax 506-856-0161**

G

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

M

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

D

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