



Covenant Ministries International
2707 Main Street
Sayreville, NJ 08872
Phone 732-727-9500 Fax 732-727-3285
www.CovenantMinistriesIntl.org
CMI@FFMWOC.ORG

If we do not have your photo please attach a Passport-sized Photo and/or E-mail a Digital Photo to CMI@FFMWOC.org to create your photo id.

Credential/Membership Renewal Form INTERNATIONAL

Please complete form and mail /e-mail or fax promptly with photo and a **\$75.00 renewal fee** to **the address above**

Name _____
First Middle Last

Home Address _____

City _____ State _____ Country _____ Zip Code _____

Date of Birth ____/____/____ Phone (____) _____ Fax (____) _____

Personal E-Mail Address _____ CMI Member # _____

Name of church _____

Church Address _____

City _____ State _____ Zip Code _____

Church Phone Number _____

Website URL/Address _____ Church E-mail _____

Name of Pastor (if you are not the Pastor) _____

Marital status: _____Single _____Married _____Widowed _____Divorced

If married, spouse's name: _____

Are you in full time ministry? ___Yes ___No Planning to be ____/____/____ Retired

Ministry involvement: ___Pastor ___Evangelist ___Missionary Other _____

Name of your Ministry (if applicable) _____

Are you active in preaching or teaching ? Yes No (If no, please explain on reverse side)

Are you a FITS graduate ? YES No Currently Enrolled

If YES or CURRENTLY Enrolled, which program? Full Time 6-month Part time FITS

Do you continue to subscribe to the Vision, Constitution & Tenets of Faith ? Yes No

Do you agree to work to fulfill the Vision of CMI? Yes No

Personal Comments: _____

FOR OFFICE USE ONLY

Renewed	<input type="checkbox"/>	Ordained Minister	<input type="checkbox"/>
Probationary status	<input type="checkbox"/>	Licensed Minister	<input type="checkbox"/>
Denied	<input type="checkbox"/>	Christian Worker	<input type="checkbox"/>
Renewed CMI Card mailed	____/____/____		
Photo number	_____		
Payment Method	___ CASH ___ CHECK (# _____) ___ Credit Card ___ Other		
Signature	_____	Date	_____