



**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**

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	_____

## Statement of Ministerial Work/Continued Growth & Learning

Please state ministerial activities performed during the last 12 months. (ie; Pastoring church, teaching bible school, volunteering in a church department, leading a cell group)

Please state Continued Learning & Growth activities you have participated in the last 12 months. (ie; conferences, training seminars, books read)