CHRISTIAN MINISTRIES INTERNATIONAL FELLOWSHIP
2234 N. Federal Highway #458 - Boca Raton, FL 33431
(561) 322-0002 www.cmifellowship.org

2010 CREDENTIAL RENEWAL AND REQUEST TO UPGRADE

- **RENEWAL FEE:** See attached schedule for upgrading – Checks made payable to CMI or thru PayPal on our website.
- **PICTURE:** If you wish to update your photo for your credential card, please provide 2 in passport style.
- **STATEMENT OF FAITH:** Is either attached to this form or can be obtained on our website.

Minister's Name: _____

Address: _____ Apt # _____

_____

Home Phone: (_____) _____ Work Phone: (_____) _____

Email Address: _____

I wish to upgrade to: LICENSED MINISTER _____ ORDAINED MINISTER _____

---

1. Do you embrace the fundamental truths of CMI (Statement of Faith)? Yes _____ No _____
(If you check "No" please explain below ~ if you need more space please use another sheet of paper)

_____

_____

_____

2. Has there been any change in your ministry or personal life that the Credential Committee should be aware of? Yes _____ No _____
(If you check "Yes", please explain below ~ if you need more space please use another sheet of paper ~ this area would include if you have been criminally charged with a felony)

_____

_____

_____

3. If you were licensed, did you minister in the past year? How many times? _____
(This number should reflect preaching and/or teaching, short-term mission trips, visitation, etc)

4. Have you fulfilled a membership or credential requirement and supported CMI with either your monthly fee or one-half of your tithes in the past year?
Yes _____ No _____
If no, why?

_____

_____

REFERENCES for Upgrade (cannot be a member of CMI Executive Board or Credentialing Committee)

Pastor First _____ Last _____

Mailing Address _____ Apt # _____

City, State, Zip _____

Phone # _____

E-Mail _____

Minister First _____ Last _____

Mailing Address _____ Apt # _____

City, State, Zip _____

Phone # _____

E-Mail _____

Friend/Colleague First _____ Last _____

Mailing Address _____ Apt # _____

City, State, Zip _____

Phone # _____

E-Mail _____

I HAVE TRUTHFULLY PROVIDED THE ABOVE INFORMATION TO THE BEST OF MY KNOWLEDGE.

Signed: _____ Date: _____

An interview is required after references are received. Please return this form and fee by February 15, 2010

Fee Enclosed: $ _____ Fee Sent via Paypal: $ _____

Board Use Only ~

Approved _____ Disapproved _____

Date Action Taken _____ Effective Date of Credentials _____