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**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)**

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**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 \_\_\_\_\_

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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: \$ \_\_\_\_\_

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Board Use Only ~

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Date Action Taken \_\_\_\_\_ Effective Date of Credentials \_\_\_\_\_