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

2012 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: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

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

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1. Have any of your doctrinal views changed over the past year? Do they differ from the fundamental truths (Statement of Faith) and views of CMI? 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 CMI 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 change in marital status or if you have been criminally charged with a felony)

_____

_____

_____

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

4. Over the past 2 years, what experience have you gained in and for ministry? In what areas do you feel you need more experience? _____

_____

5. Have you fulfilled a membership/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 _____

Credentialed 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 COVENANT TO SUPPORT CMI MONTHLY WITH ONE-HALF OF MY TITHE OR MY REQUIRED MONTHLY FEE, TO THE BEST OF MY ABILITY. 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 10, 2012

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

Board Use Only ~

Approved _____ Disapproved _____

Date Action Taken _____ Effective Date of Credentials _____