

◆ **ONLY 5 MINUTES OF YOUR TIME IS NEEDED—THANK YOU!** ◆



Annual
Credential Renewal Form
DEADLINE—October 1st

RENEWAL FEE:
Licensed Minister \$50.00—Ordained Minister \$75.00
Upon renewal you will received an updated credential card

SECTION ONE:

YES, RENEW my ministerial credential status as: (*check only one please*) Licensed Minister Ordained Minister
 Send info on how to upgrade from Licensed to Ordained Minister

YES, I am up-to-date on my monthly financial commitment— **NO**, If no, please include giving along with renewal fee

NO, do not renew my credential. Complete "section two" and return to our office along with your credential certificate and card.

SECTION TWO

Name _____ Credential Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Ministry/Bus. Phone: (____) _____

Cell Phone: _____ Fax # _____

Email: _____ Website: _____

SECTION THREE

- 1) Marital Status: Single Married Widowed Divorced/Separated
- 2) Has this status changed since last renewal? Yes No
- 3) If married: Spouse Name: _____ Number of children _____
- 4) Are you a US Citizen? Yes No If no, what is your status _____
- 5) Your Birth date ___/___/___ Male Female
- 6) Are you supported entirely by your ministry? Yes No
(if no, what is your secular occupation _____)
- 7) Have you been arrested, charged or convicted of a criminal act since you were originally credentialed?
 Yes No (If yes, attach a detailed statement)

SECTION FOUR

I AM PRESENTLY INVOLVED IN THE MINISTRY OF (check all that apply)

- Evangelism Teaching Counseling Pastoring Missionary Music/Worship Ministry
 Children Ministry Youth Ministry Chaplain Other _____

CONTINUE ON BACK PAGE



SECTION FIVE—ANSWER THIS SECTION ONLY IF YOU ARE A PASTOR (if not skip to Section 6 & 7)

- 1) Name of Church You Pastor _____
Address: _____ City _____ State _____ Zip _____
- 2) Is your church affiliated with ICCAN Fellowship Yes No
- 3) If no, would you like information on how to affiliate your church with ICCAN? Yes No

SECTION SIX—IF YOU ARE “NOT” A PASTOR ANSWER THIS SECTION (if a pastor complete Section 5 then skip to Section 7)

- 1) What type of ministry are you involved in: _____
- 2) Does your ministry have the 501(c)(3) tax-exempt status? Yes No *If no, would you like information?* Yes No
- 3) Name of the “Home Church” you attend when not ministering: _____
- 4) Pastor’s Name: _____ Phone Number: _____

SECTION SEVEN—YEARLY MINISTERIAL ACTIVITY UPDATE—MUST COMPLETE EVERY QUESTION

- 1) How many of the following have you conducted in past year?
Weddings _____ Funerals _____ Baby Dedications _____ Baptisms _____
Communions _____ Revivals/Special Meetings _____ Approx. number of sermons preached _____ None of the above
- 2) What is your primary goal in ministry for the coming year? *(Please be specific as we want to be in prayer for you)*

- 3) Would you like an information packet on how to further your Christian education and earn your accredited Biblical degree at home through distance learning? Yes No If yes, what degree level interest you? _____

***The following information is required of all credential levels of membership and will be kept confidential.
This information enables the Executive Board to propose a budget for the upcoming fiscal year and
helps determine the future expansion of our domestic and world missions.
Your assistance is greatly appreciated. - Thank You!***

◆ FOR “PROFESSIONAL LEVEL” LICENSED & ORDAINED MINISTER:

I renew my commitment as a credentialed Licensed or Ordained minister of the ICCAN Fellowship and agree to abide by the Constitution & Bylaws. I agree to continue to give each month the amount of \$20 (Licensed) \$25 (Ordained) As required for my credential level.
(Optional) I would like to give above my required giving an offering of \$ _____ Monthly Yearly Other _____

ADDITIONAL COMMENTS: _____

ENCLOSED IS MY RENEWAL FEE OF Licensed Minister \$50.00 Ordained Minister \$75.00

\$ _____ enclosed to bring my monthly commitment up-to-date (if applicable)

***\$ _____ Check Money Order Credit Card**

**To pay by Credit Card: Name on Card; _____ Card Type _____
Card Number _____ Expiration Date _____ CV Code _____**

**(If paying by credit card, your above signature gives ICCAN the authority to debit your card for the amount shown above)*

***Thank you for your time in this important matter. ICCAN is honored to have you as a member!
You will be contacted by our office if additional information is needed. Otherwise you will receive your
renewed credential card within 10-15 days from the time we receive your renewal in our office.***

YOU CAN MAIL...FAX...OR EMAIL YOUR RENEWAL FORM

ICCAN—INTERNATIONAL COWBOY CHURCH ALLIANCE NETWORK/FELLOWSHIP

2149 Hwy 139—Monroe, LA 71203

FAX: 1-318-345-0350 1-888-919-1717 Email: iccan@live.com WEB: www.iccantrail.com