



LIFE MINISTERIAL FELLOWSHIP INTERNATIONAL  
SAND SPRINGS, OKLAHOMA USA

PO Box 1220

Sand Springs, OK USA 74063

(918) 245-0262 Fax (918) 245-2710

# LMFI Annual Membership Renewal Form

Please complete this form and send it directly to the LMFI Office. Regardless of your current ministerial status, the renewal form must be completed and returned as soon as possible. To avoid unnecessary delays, please remember to answer each question/item on this renewal form or designate a DNA if the question/item "Does Not Apply"

Please refer to the appropriate fees and deadlines found on the cover letter.

Date \_\_\_\_\_

Type of Renewal *Individual*   Ministry  Associate  Affiliate  *Church*  Associate  Affiliate

Ministry or Church Name Renewing \_\_\_\_\_

Your Name \_\_\_\_\_

Residence Address (Missionaries please use stateside address if applicable.) \_\_\_\_\_  
 New Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (Missionaries please use foreign address if applicable.) \_\_\_\_\_  
 New Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Single \_\_\_\_\_ Yes/No?

Married (Date) \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Divorced (Date) \_\_\_\_\_ Remarried (Date) \_\_\_\_\_ Widowed (Date) \_\_\_\_\_

## Current Ministry Status

Field of ministry you are presently engaged in:  Apostle  Prophet  Evangelist  Teacher  
 Pastor  Asst./Assoc. Pastor  Missionary  Chaplain  Music Minister  Youth Min./Director  
 Children's Minister/Director  Administrator - Church/School  Helps (Describe) \_\_\_\_\_  
\_\_\_\_\_  Other \_\_\_\_\_

Activity:  Full Time  Part Time  Inactive  Retired

Employment if not in full-time ministry \_\_\_\_\_

On the average, how many hours per week do you work in your ministry \_\_\_\_\_

Name of church which you pastor, assist, travel out of, and/or attend:

\_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Senior Pastor \_\_\_\_\_

Pastor's Business Phone \_\_\_\_\_

Average Sunday Morning Attendance \_\_\_\_\_

*During this past year how many times did you minister God's Word in official church or evangelistic services?  
(This does NOT include Sunday School Classes, Prayer Meetings, Bible Studies, or Home Fellowships)* \_\_\_\_\_

Does your ministry position require you to:

Perform Weddings?  Yes  No      Baptize?  Yes  No      Serve Communion?  Yes  No

With what other organizations, if any are you currently affiliated?

\_\_\_\_\_

**Regardless of your Ministerial position:**

Where do you consider to be your church home? \_\_\_\_\_

Whom do you consider to be YOUR Pastor? \_\_\_\_\_

What LMFJ sponsored events did you attend this past year? \_\_\_\_\_

\_\_\_\_\_

What are your current responsibilities and functions in the ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a summary of your ministerial activities during the past year, providing specifics wherever possible. We would appreciate information on any changes or developments that have taken place in your ministry.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you see your ministry headed in the next twelve months?

**Please Read Carefully the Following Statement before Signing**

I acknowledge that I agree with the Constitution, Statement of Faith, and Ministerial Ethics proclaimed, practiced, and set forth by Life Ministerial Fellowship International.

I hereby state my willingness to submit to the spiritual authority and guidelines of Life Ministerial Fellowship International. If at anytime I feel I can no longer agree with the beliefs and practices of this organization, or if it is requested by those in authority, I will forfeit and return my ministerial credentials (certificate and card) to the LMFI office. I further understand that my credentials must also be returned if I cease to function in a qualifying ministerial position.

\_\_\_\_\_  
Signature Date

**Renewal Fee**

Please staple the appropriate fee to this renewal form. Checks should be made out to LMFI, or, if paying by credit card, please add your credit card information: Credit Card number \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Type of credit card \_\_\_\_\_ (We accept all major credit cards)

If your spouse is also a member of LMFI, he or she must renew their membership separately; that is, you must each complete your own renewal form.

Total Amount Enclosed or, if paying by credit card, amount to be charged to your credit card: \$ \_\_\_\_\_

Please note that all renewal fees must be paid in full no later than January 15th each year. Any member who fails to return their renewal forms and fees by January 15th will be placed on inactive status with LMFI and will need to contact the LMFI office to reactivate their membership.



**THIS SPACE IS FOR LMFI OFFICE USE**

LMFI Office Recommendation

- Renew License       Renew Ordination
- Renew Church or Ministry Membership       Renew Individual Membership

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date