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|------------------------|
| OFFICE USE ONLY |
| Check # _____ |
| Amount \$ _____ |
| Date _____ |
| Initial _____ |
| Bal. Due _____ |

CMI International

P.O. Box 11228, Fort Wayne, IN 46856-1228 USA
 Telephone (260) 489-1381 • Fax (260) 489-1336
 E-Mail: info@cmifellowship.com



CLERGY MEMBERSHIP RENEWAL FORM

Annual Renewal Fee: Ordained - \$200.00 Licensed - \$150.00

Complete this form, sign it, enclose proper renewal fee, and send to the CMI office. Renewal Forms and supporting material are the property of CMI. NON-RENEWAL PENALTY NOTICE: If renewal fee is not paid in full by March 31st, a \$50.00 penalty will be added to your renewal fee. If not paid by June 30th, additional forms and fees will be required to sustain active membership.

PERSONAL DATA:

Name: _____ Date: _____

E-Mail: _____ @ _____ Cell Phone: _____

Website: www. _____

CMI Pastoral Overseer: _____

Home Church: _____ Ministry Position: _____

IF LICENSED:

Approximate number of hours you were weekly involved in ministry: [] 10 hours [] 20 hours [] 30 hours [] More

ONLY COMPLETE ITEMS BELOW WHERE CHANGES HAVE BEEN MADE DURING THE PAST YEAR.

Check this box if none of the following has changed during the past year.

Your Signature _____

HOME/FAMILY DATA:

Home Address _____ City _____ State _____

Zip _____ Phone: (Office) _____ (Home) _____

[] Single [] Married [] Divorced [] Re-married [] Widowed

Spouse's Name _____ Birthdate _____

Children Living at Home and Birthdates _____

MINISTRY DATA:

Where are you employed? _____

Name of Church/Ministry _____

Address _____ City _____ State _____

Zip _____ Telephone _____

EDUCATIONAL DATA:

Have you furthered your formal education during the past year? [] Yes [] No

If yes, what formal education have you completed? _____

DISCOVER, MASTERCARD & VISA:

Card No. _____ "V" (Verification) Code – 3 digits at end of signature line _____

Expiration Date _____ Billing Address of Card _____

Signature _____ Amount _____

FOR OFFICE USE ONLY

Approved By _____ Date _____