

Annual Renewal Application

Please complete this form and submit along with your renewal fees payment by December 31st. The renewal form and fees must be sent together or your renewal will not be accepted. Married couples must complete separate forms. Every registrant submitting renewal fees after December 31st will be assessed a late fee of \$25.00. If we do not receive your renewal form and fees by January 31st, your registration with AFCM Canada will be cancelled for non-payment. AFCM reserves the right to cancel any registration if requirements set up by the Board of Directors are not met.

Current Registration Status: ☐ Ordination ☐ Ministerial License ☐ Affiliate Member

Last Name: _____ Church or Ministry Name: _____
First Name: _____
Preferred Name: _____
Spouse's Name: _____ ☐ Yes ☐ No Has the name of your church changed in the past year?

fillable _____ Church/Ministry Address: (for Missionaries, please use a foreign address)
fillable _____
fillable _____
fillable _____

☐ Yes ☐ No Are either of these addresses new?

If yes, ☐ Home ☐ Office

To which address do you prefer mail to be sent?

☐ Home ☐ Office

Church/Ministry Mailing Address: (if different from physical address)

Church website: _____

Office Phone: _____ Home Phone: _____

Fax: _____ Cell. No. _____

E-mail: _____ Other: _____

How do you prefer to be contacted? ☐ e-mail ☐ phone ☐ text
What day(s)/time do you prefer to be contacted? ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.
☐ morning ☐ afternoon ☐ evening

In what office of ministry are you currently involved? (bullets could be in a dropdown)

☐ Pastor ☐ Asst. Pastor ☐ Youth Pastor ☐ Children's Pastor ☐ Helps
☐ Missionary (residing on foreign soil) ☐ Missionary (residing in your home country) ☐ Itinerant * ☐ Transition **

* Itinerants: please check your area of ministry: ☐ Evangelism ☐ Teaching ☐ Music ☐ Children ☐ Youth

Home Church: _____ Pastor: _____

If you are a Pastor, what is your average service attendance? _____

☐ Yes ☐ No At this time, are you involved in full-time ministry**?

☐ Yes ☐ No Is your ministry the sole means of your support?

☐ Yes ☐ No Have you been in contact with your Regional Director or the Canadian office this year?

** AFCM policy requires a licensee to be in full-time ministry. Full-time ministry is defined as someone who is ministering on a regular basis in a five-fold capacity. It does not necessarily mean that all of your income is derived from the ministry. If you have checked NO to the above question, or have checked the Transition box, please explain on a separate sheet.

Which AFCM meeting(s) did you attend this past year? (check all that apply)

☐ Ontario Overnighter ☐ Western Region Overnighter, Banff, AB / ZOOM ☐ Eastern Region Overnighter, Sherbrooke, QC / ZOOM
☐ AFCM Family Reunion, Willmar, MN, YouTube / FB Live ☐ AFCM Leadership Conference ☐ None ☐ Other _____

- ☐ Yes ☐ No Did you personally financially support AFCM this past year?
- ☐ Yes ☐ No Are you an AFCM Family monthly Partner?
- ☐ Yes ☐ No Did your church/ministry financially support AFCM this past year?
- ☐ Yes ☐ No Does your church/ministry have Associate Church status with AFCM?

List other ministerial organizations you are Licensed and/or Ordained with: _____

Please give a brief summary of your ministry activities this past year including healings, salvations, etc. and special outreaches of your church or ministry:

- Do you currently have:
- ☐ Yes ☐ No Children's program?
- ☐ Yes ☐ No Youth program?
- ☐ Yes ☐ No AFCM Bible School?

☐ Yes ☐ No Do you have a policy regarding background checks on those working with youth and children in the church?

☐ Yes ☐ No Are background checks run on all those who work with children and youth at the church?

If no, please note that beginning June 2001, it became mandatory for all AFCM Associated Churches to have background checks run on any individual working with the youth and children of the church. This information must be kept on file at all times.

What are your goals for the church this next year?

In what way(s) could AFCM assist you in the coming year?

- ☐ Yes ☐ No Have you committed or been accused, questioned, or investigated for child abuse, child neglect or child molestation in the past year?
- ☐ Yes ☐ No Have you committed or been accused, questioned or investigated for spousal abuse in the past year?
- ☐ Yes ☐ No Have you used any form of tobacco products, alcohol (including wine), or illegal drugs in the past year?
- ☐ Yes ☐ No Have you been convicted of a felony in the past year?
- ☐ Yes ☐ No Have you been involved in homosexual activities in the past year?
- ☐ Yes ☐ No Have you been involved in an extramarital relationship/affair in the past year?
- ☐ Yes ☐ No Is there anything in your life that would hinder your ministry at this time?

If you have answered Yes to any of the above questions, please give an explanation including dates and details here:

In order for a person to assume a leadership role in the Christian ministry, we feel that the highest standards of personal conduct are expected. This includes managing a happy and healthy home life and abstinence from the use of tobacco, alcohol (including wine), or illegal drugs.

Understanding our position on the matter, please indicate below your decision concerning our policy.

- ☐ Yes, I will abide by this policy ☐ No, I cannot abide by this policy

☐ I understand that if AFCM is notified that I have violated the above-stated policy, it will be grounds for immediate dismissal.

X
Signature _____

_____ Date

Please read the following carefully and confirm with a check mark (✓) before signing.

- ☐ I acknowledge that I agree with the Tenets of Faith and Ministerial Ethics set by the Association of Faith Churches and Ministries (Canada).
- ☐ I hereby state my willingness to submit to the spiritual authority and guidelines of AFCM. If at any time I feel I can no longer agree with the beliefs and practices of this organization, or if it is requested by those in authority for any reason, I will forfeit and return my ministerial credentials (certificate and wallet card) to AFCM Canada.
- ☐ I understand that it is a requirement for all AFCM associated churches, ministries, and organizations to conduct thorough background searches on all employees and volunteers who work in the children and/or youth departments. Failure to do so will be cause for dismissal from AFCM
- ☐ I understand that AFCM Canada prepares an annual update on all licensees for AFCM International. This includes not only active licensees, but also those whose registrations have "Lapsed" due to non-renewal, those who have "Withdrawn" from or are "Dismissed" from AFCM during the course of the year. I understand that if my registration lapses, I withdraw or am dismissed from AFCM, my name will appear in the appropriate category in the next annual AFCM report.
- ☐ I understand that as an active registrant of AFCM Canada, electronic communications may be received from time to time including updates, publications, meeting notifications, invitations to events, and other applicable announcements.
- ☐ By signing this Annual Renewal Application, I agree with the conditions set forth in the paragraphs above and I hereby state that all the information contained on this Application is correct and true.

X
Signature _____ Date _____

RENEWAL FEES: Married couples must complete separate forms and pay dues as stated below.
This includes individual late fees as well.

\$ _____ ☐ **ORDINATION or LICENSING renewal for myself - \$100.00** (populate \$ value if box checked for each of these)

\$ _____ ☐ **Renewal for my SPOUSE - \$50.00** (only if spouse is already registered with AFCM Canada)

\$ _____ ☐ **AFFILIATE ONLY renewal for myself - \$75.00** (only if credentials are held with another ministry)

\$ _____ ☐ **Renewal is Postmarked after December 31st.** Enclosed is an additional \$25.00 late fee

\$ _____ **TOTAL**

Payment method: ☐ Cheque (payable to **AFCM Canada**) ☐ e-transfer or PayPal (afcmcan@telus.net - no password necessary)

☐ Credit Card (VISA / MasterCard ONLY) If paying by credit card, please provide the following information:

Card Number: _____ Expiration Date: MM / YY CVC _____

Name shown on card: _____ Signature _____

For Office Use Only		<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	<input type="checkbox"/> Status upgrade
Date _____		Regional Director _____		
Comments: _____				

Date _____		Governing Authority, AFCM Canada _____		

☐ Sr. Pastor Affidavit on file ☐ DB updated ☐ Status upgrade processed ☐ HO notified of change(s)