



2020 Credential Renewal

Please complete and return this form along with your \$40.00 Renewal Fee to WMF by **December 31, 2019**.
Please attach separate pages for explanations if needed.

PERSONAL

Name _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Cell () _____ Email _____

Marital Status Married Single Widowed Divorced Separated

Please attach a letter of explanation for any changes in marital status.

Are you secularly employed? Yes No

On the average, how many hours per week do you work secularly? _____

MINISTRY

Name of Church/Ministry _____ Phone () _____

Address _____ City _____ State _____ Zip _____

On average, how many hours per week do you work in your ministry? _____

In what field of ministry are you presently called?

- | | | | |
|-------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Minister of Youth | <input type="checkbox"/> Itinerant Teacher | <input type="checkbox"/> Apostle |
| <input type="checkbox"/> Missionary | <input type="checkbox"/> Minister of Music | <input type="checkbox"/> Assistant Pastor | <input type="checkbox"/> Prophet |
| <input type="checkbox"/> Evangelist | <input type="checkbox"/> Chaplain | <input type="checkbox"/> Children's Pastor | <input type="checkbox"/> Other |

Are you currently functioning in ministry on a consistent and continuing basis? Yes No

Approximately how many times did you minister according to your calling? _____

Does your ministry require you to: (check all that apply)

- Perform Weddings Baptize Serve Communion Perform Funerals

ACTIVITIES

Please give a summary of your ministerial activities this past year. _____

Are there any changes you have experienced or new developments in your ministry? _____

Are there any changes/celebrations in your personal life that you would like to share with us? _____

MISC INFO

What WMF events did you attend this past year? _____

Did you attend Convo this year? _____ Do you plan to attend Convo next year? _____ If no, please explain.

What suggestions can you offer to help WMF better serve you? _____

Who is your Oversight Minister (if applicable)? _____

Do you agree with and adhere to WMF's Statement of Faith? _____

Signature

Date