



## 2014 Ministerial Renewal Form

Please fill out the form and click on submit

**Name: \***

<input type="text"/>	<input type="text"/>
First	Last

**Address: \***

<input type="text"/>	
Street Address	
<input type="text"/>	
Address Line 2	
<input type="text"/>	<input type="text"/>
City	State / Province / Region
<input type="text"/>	<input type="text"/>
Postal / Zip Code	Country

**Home Phone: \***

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
###		###		####

**Cell Phone:**

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
###		###		####

**Email: \***

**Ministry Involvement: \***

**Ministerial Status: \***

**Benevolent Fund Member: \***  Yes  No

**Membership: \***

- Single \$125
- Married \$200
- Missionary \$0 (free)
- Senior \$0 (free)

**Additional Information:**

For payment of the appropriate fee return to Home Page and click on the Donation button