FCF Affiliate Evangelistic Ministry 2009 Renewal Questionnaire

Please type or print.

Ministry Information

Name _____

A.K.A. or D.B.A._____

Mailing Address _____

City/State/Zip _____

Telephone _____ Fax _____

Street Address _____

City/State/Zip _____Website _____

Email _____Employer I.D. _____

Responsible Minister Information

Name _____Spouse _____

Home Address _____

City/State/Zip _____Phone _____

Email _____Cell Phone _____

Ministry Information

Write a two paragraph summary of your ministry in 2008 and what you see happening in the Body of Christ at large:

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Return form to:
ATTN: Credentials
Faith Christian Fellowship International
PO Box 35443
Tulsa OK 74153-0443