



LIBERTY FELLOWSHIP OF CHURCHES AND MINISTERS, INC.

2009 - 2010 CREDENTIAL RENEWAL FORM

The information printed is what we currently have on file. Please review carefully and make changes where necessary.

Name: _____ Date: _____

Preferred Mailing
Address: _____

Ministry Name: _____

Position/Title: _____

Phone: Home _____ Cell _____

Ministry Phone: _____ E-Mail: _____

Fax: _____ Website: _____

Web Page Address: _____

May we post your information on the Liberty Fellowship website? _____

Which credential status are you renewing?

____ Ordination ____ Provisional ____ License ____ Associate

Missionary Only: please give name of home church and pastor: _____

Please describe your ministry over the past year: _____

What would you like to see Liberty Fellowship doing or offering that you feel would enhance the fellowship?

