



2015 - 2016 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:

May we post your information on the Liberty Fellowship website?

Which credential status are you renewing?

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?
