



2011 - 2012 CREDENTIAL RENEWAL FORM
Please fill out this form in its entirety and return in the envelope provided.

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?

