

# Covenant Life Ministries Ministerial Renewal Application

Date \_\_\_\_\_

YES, I WANT TO RENEW MY MEMBERSHIP:

Annual Ministerial Dues .....\$125.00 After January 31 .....\$150.00  
(See Credentials Information for more details)

Type of Credentials:  Ordination  License

Full Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

Married  Divorced  Single  Widowed Date Married \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If you are a pastor, name of secretary \_\_\_\_\_

Church Name (or Ministry) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Your Position \_\_\_\_\_ How long? \_\_\_\_\_

Church Service Times: Sunday A.M. \_\_\_\_\_ Sunday P.M. \_\_\_\_\_

Midweek (day & time) \_\_\_\_\_

Please supply the following numbers: (**For CLM Office Use Only**)

Your Birthday \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Beeper (\_\_\_\_) \_\_\_\_\_

Did you attend any CLM function or meetings during the last year? Yes  No

Did you support CLM financially this past year? Yes  No

Please briefly describe your ministry:

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**Return This Form With Your Check To:** Covenant Life Ministries  
767 Lee Road, Clyde, North Carolina 28721

Please read the Ministry Credential Information document before submitting application.

## OFFICE USE ONLY

Date Received \_\_\_\_\_

Payment Received \_\_\_\_\_

Processed By \_\_\_\_\_

Date Processed \_\_\_\_\_