

Send this form to the Membership Office

Office use only:
Check Number

Date Paid

Amt. Paid Dues

Donation



Federation of Christian Ministries 2018 Membership Renewal &

Commissioned Member

ANNUAL REPORT OF YOUR MINISTRY FOR THE LAST YEAR

Please print or type:

Name: _____

Address _____ City _____ State _____ Zip _____

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Email: _____

Commissioned members are required to have a ministry colleague.

My FCM ministry colleague is _____ We last met on _____

Please choose from these options for identification on your 2018 FCM membership card and certificate:

Title: Rev. None One Academic Degree (optional) _____

Name: First: _____ Middle Initial: _____ Last: _____
(Please Print)

Your Main Ministry _____

Additional Ministries _____

Do you belong to a community of Faith? Yes No If "no" would you like to join or form one? Yes No

Is your community a group member of FCM? Yes No Can you introduce them to FCM group membership? Yes No

Describe your **PARTICIPATION** within the FCM community during the past year.

The purpose of the bi-annual Assembly is to build community, support ministry, and provide professional update. How many assemblies and/or regional gatherings have you attended these past 3 years? _____

PLEASE PLAN TO ATTEND OUR 50TH ANNIVERSARY ASSEMBLY IN PHILADELPHIA JULY 20-22, 2018

I have updated my knowledge/skills in ministry this past year by (e.g., taking or teaching a course, attending seminars, reading books):

To support FCM and its Mission I will: be an Area Representative; host an FCM gathering;
 write an article for the Newsletter; other _____

PLEASE READ, SIGN AND DATE THE FOLLOWING

It is the position of FCM that each member of FCM holds primary responsibility for maintaining appropriate professional and personal boundaries in all ministerial relationships. Within the past year, have you been convicted of a felony, or have you had any disciplinary action taken against you, or are any such actions pending by any licensing and/or certifying authority? No Yes.

If you answered yes, please explain fully on an additional sheet of paper.

I have read the *Constitution, By Laws, Ethics Statement and Professional Practices Policy* of the Federation of Christian Ministries and agree to abide by the conditions specified in these documents.

<http://www.federationofchristianministries.org/index.php/about-fcm>

Signature: _____ Date: _____

Dues payments are for 2018 January 1 through December 31, 2018

Enclosed are my dues and renewal fee of\$145.00 _____ (\$160.00 after 10/31/17)
Only for those already Commissioned by FCM

Donation to FCM (tax deductible - Thank You) \$ _____

***Total Dues and Fees Enclosed** \$ _____

**Paid ONLINE - receipt number (if applicable) _____

Please note: *Checks payable to: **Federation of Christian Ministries** OR

**Dues and fees can be paid by credit card ONLINE at www.federationofchristianministries.org via PayPal.

CLICK ON THE ONLINE PAYMENT CENTER

To remain a member in good standing, all dues, fees and annual reports must be submitted to the FCM Membership Office - no later than December 31, 2017.

**FCM Membership Office
Carolyn Horvath and Tom Leonhardt**

1709 West 69th Street #3 - Cleveland, OH 44102 -2957