



Federation of Christian Ministries 2018 Membership Renewal &

Endorsed 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: _____

Endorsed members are required to have a ministry colleague.

My FCM ministry colleague is _____. We last met on _____

How often did you meet with your ministry colleague/peer? _____

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)

- Are you a member of a professional organization? Yes No
- If Yes, please designate below the organization:
 AAPC: Student Member Pastoral Care Specialist Certified Pastoral Counselor Fellow Diplomate
 ACPE: Student SES Candidate Associate Full
 APC: Member Board Certified Chaplain Provisional Board Chaplain Board Certified Associate Chaplain
 Provisional Board Certified Associate Chaplain
 CPSP: Diplomate Pastoral Psychotherapy Diplomate Pastoral Supervisor Pastoral Counselor
 Associate Pastoral Counselor Board Certified Chaplain Board Certified Associate Chaplain
 OTHER: _____ Organization _____ Designation _____
- Did you achieve a change in membership status in your professional organization in 2017? Yes No
- Did you have any significant changes or events in your family, work, or personal life? Yes No
 - Please describe:
 - How can FCM be helpful to you?
- What have you done this year to care for yourself physically, mentally and/or spiritually?

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 fees of\$235.00_____ (\$270.00 after 10/31/17)

Only for those already Endorsed by FCM's Committee for Specialized Ministry

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**