



**Membership Renewal & Annual Report**

Ministry Activity beginning *January 1, 2009* through *December 15, 2009*

Please print or type:

Name: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Email: \_\_\_\_\_

My ministry includes (Check all that apply):

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Care Giver     | <input type="checkbox"/> Healer                               | <input type="checkbox"/> Musician         | <input type="checkbox"/> Prison Minister    | <input type="checkbox"/> Teacher           |
| <input type="checkbox"/> Chaplain       | <input type="checkbox"/> Hospice Worker                       | <input type="checkbox"/> Pastoral Worker  | <input type="checkbox"/> Retreat Leader     | <input type="checkbox"/> Writer            |
| <input type="checkbox"/> Counselor      | <input type="checkbox"/> Ritualist                            | <input type="checkbox"/> Pastor/Assistant | <input type="checkbox"/> Spiritual Director | <input type="checkbox"/> Wedding Officiant |
| <input type="checkbox"/> Worship Leader | <input type="checkbox"/> Belong to a small community of faith | <input type="checkbox"/> Other _____      |   |  |

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have updated my skills in ministry this past year by (for example, taking a course, teaching a course, attending training seminars, reading books.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you would like to serve on a standing committee, please check which one(s):  
 Peace and Justice  Denominational Concerns  Specialized Ministries  Roman Catholic Faith Community Council

**Certified members are required to have a ministry colleague.**

My ministry colleague is \_\_\_\_\_. We last met on \_\_\_\_\_.

**All members 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dues payments are for 2010 - January 1st. through December 31st. 2010**

- Non-certified member, enclosed are my dues of .....\$ 40.00\_\_\_\_\_ (\$50.00 after 12/15/09)  
 Certified member, enclosed are my dues and certification renewal fee of ....\$120.00\_\_\_\_\_ (\$150.00 after 12/15/09)  
 Professional Endorsed Membership, enclosed are my dues & fees of .....\$195.00\_\_\_\_\_ (\$210.00 after 12/15/09)

**Donation to FCM** (tax deductible-thank you) \$ \_\_\_\_\_

\*Total Due & Enclosed \$ \_\_\_\_\_

\*\*Dues Paid ONLINE confirmation number \_\_\_\_\_

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

\*\*Dues can be paid by credit card ONLINE at [www.federationofchristianministries.org](http://www.federationofchristianministries.org) via PayPal.

**To remain a member in good standing all dues and annual reports must be submitted to the Member Services Offices no later than December 15, 2009**

Return with your check for annual dues to: **Membership Services Coordinators: Carolyn Horvath and Tom Leonhardt, 1709 West 69th Street, Cleveland, OH 44102-2957.**