



# 2026 Credential Renewal Form

Name of District: \_\_\_\_\_

**Personal information:** (Please check if this is a change of address) ( ☐ ) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Office phone (\_\_\_\_) \_\_\_\_\_ Office fax (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**Church you attend:**

Pastor's name \_\_\_\_\_ Please check if self ( ☐ )

Church name \_\_\_\_\_ Denomination name \_\_\_\_\_

Church address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Ministry information:**

Did you financially support the National IFCA in 2025 according to our present financial policy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain: \_\_\_\_\_

Did your church support the National IFCA in 2025 according to our present financial policy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain: \_\_\_\_\_

Did you attend the IFCA National Convention in 2025? Yes N/A No \_\_\_\_\_

Did you attend your District Council meeting in 2025? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you attend any other District meetings/events in 2025? Yes \_\_\_\_\_ No \_\_\_\_\_

Which other meetings/events? \_\_\_\_\_

How many times did you minister last year (e.g. – pulpit, SS class, men's ministry, etc) \_\_\_\_\_

Do you continue to support the IFCA's doctrines and tenants of faith? Yes \_\_\_\_\_ No \_\_\_\_\_

Check the credential level you are applying to renew: OM \_\_\_\_\_ MG \_\_\_\_\_ LP \_\_\_\_\_ CW \_\_\_\_\_

Are you in full time ministry? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you considering full time ministry? \_\_\_\_\_

***Please enclose a check for \$50.00 made out to the IFCA and return to your appropriate District Office***

***(All Renewal Forms received after the second Friday of January 2026 may be assessed a \$50.00 late fee)***

***District Use Only***

Renewed \_\_\_\_\_ Refused \_\_\_\_\_ Reason \_\_\_\_\_

District Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Check number \_\_\_\_\_ Amount \$ \_\_\_\_\_