

LHGM Ministerial Fellowship

Founded June 8, 1997

P. O. Box 2118, Riverview, FL 33568-2118 (813) 677-5220

2016 ANNUAL RENEWAL AND STATISTICAL SURVEY FORM

This form MUST be returned completely filled out and returned no later than January 31, 2016 in order to renew and receive updated pocket credentials along with the \$50.00 annual renewal fee.

PLEASE TYPE OR PRINT LEGIBLY

Full Name _____

Home Phone # (____) _____ Work Phone # (____) _____ Cell Phone # (____) _____

Email Address _____

Facebook Name _____ Twitter Name _____ Website Address _____

Address _____

City _____ State _____ Zip Code _____

Current Status: _____ **Active** _____ **In-Active** _____ **Licensed** _____ **Ordained**
New Status: _____ **Active** _____ **In-Active** _____ **Licensed** _____ **Ordained**

1. With what local church are you affiliated? _____
Address _____ Phone # (____) _____
Pastor's Name _____ May we contact him? Yes _____ No _____

2. Do you serve as a Pastor? Yes ___ No ___ Associate Pastor? Yes ___ No ___ Youth Leader? Yes ___ No ___
Other _____
A.) If yes – How many members are in your church? _____
What is the average Sunday morning church attendance? _____
What is the average attendance in Sunday School? _____

3. Please indicate how many times you performed the following during the last twelvemonths:
A. Sermons _____ E. Baby Dedications _____
B. Sunday School Lessons _____ F. Baptisms _____
C. Weddings _____ G. Other _____
D. Funerals _____

4. How many souls were saved under your ministry in the last twelve months? _____

5. Has your marital status changed since your last renewal? Yes _____ No _____
If yes, please clearly explain on back of this form or on an additional sheet.

6. Do you presently hold to the tenets of faith as prescribed by the LHGMMF? Yes _____ No _____

7. Have you been charged with a felony or convicted of any crime in the last five years?
Yes _____ No _____ If so, please clearly explain on back of this form or on additional sheet.

8. Do you belong to any other denominational or ministerial association? Yes _____ No _____
If yes, please give the name of the association _____

I affirm that the above statements are true and honest to the best of my knowledge.

Date _____ Signature _____

(If you change your address during the year, it is your responsibility to notify us immediately)