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## OBFF Minister 2018 Renewal Form

|   |  |   |   |                          |                                  |   |                              |
|---|--|---|---|--------------------------|----------------------------------|---|------------------------------|
| Please provide updated photo if <b>needed</b> | <b>Last Name</b> _____                   | <b>Certification Type</b>                   | <b>Phone Type</b>                           | <b>Call Here?</b>        | <b>Phone</b>                     | <b>Preferred Method of Contact?</b> <input type="checkbox"/> Email (preferred) or <input type="checkbox"/> Letter |                              |
|   | <b>First Name</b> _____                  | <input type="checkbox"/> Christian Minister | Home <input type="checkbox"/>               | <input type="checkbox"/> | _____                            | <b>Email Type Preferred?</b>  | <b>Email/Website Address</b> |
|   | <b>Middle Name</b> _____                 | <input type="checkbox"/> Licensed Minister  | Ministry <input type="checkbox"/>           | <input type="checkbox"/> | _____                            | Email <input type="checkbox"/>  | _____                        |
|   | <b>Title</b> _____                       | <input type="checkbox"/> Ordained Minister  | Mobile <input type="checkbox"/>             | <input type="checkbox"/> | _____                            | Other <input type="checkbox"/>  | _____                        |
| <b>Nickname</b> _____                         | <input type="checkbox"/> Market Minister | Fax <input type="checkbox"/>                | <input type="checkbox"/>                    | _____                    | Website <input type="checkbox"/> | _____   | _____                        |
| <b>Assistant</b> _____                        |  |   |   |                          |                                  |   |                              |
| Notes: _____                                  |  |   |   |                          |                                  |   |                              |
| _____   |  |   |   |                          |                                  |   |                              |
| _____   |  |   |   |                          |                                  |   |                              |
| _____   |  |   |   |                          |                                  |   |                              |
| _____   |  |   |   |                          |                                  |   |                              |
| <b>Ministry Name</b>                          | <b>Employment Status</b>                 | <b>Primary Leader?</b>                      | <b>Ministry Title</b>                       | <b>Birthday</b>          | <b>Anniversary</b>               | <b>Spouse Name</b>  | <b>Spouse Birthday</b>       |
| _____   | _____                                    | <input type="checkbox"/>                    | _____                                       | _____                    | _____                            | _____   | _____                        |
| _____   | _____                                    | <input type="checkbox"/>                    | _____                                       | _____                    | _____                            | _____   | _____                        |
| <b>Clergy Registered?</b>                     | <b>Clergy Number Registered</b>          | <b>Province</b>                             | <b>Licensing Organization (if not OBFF)</b> | <b>Connection Type</b>   |                                  | <b>Connection Name</b>  |                              |
| <input type="checkbox"/>                      | _____                                    | _____                                       | _____                                       | Director Overseer _____  |                                  | Current Accountability Pastor _____   |                              |

*Please check your listed information carefully and indicate any needed changes.  
 Please **return this form** along with paid invoice by December 31, 2017.  
 \$25 late fee applies for any renewals received after January 1, 2018.  
 If you do not intend to renew, please notify the OBFF office.*

### Payment:

- Cheque payable to "OBFF"
  - VISA** } Please call credit card number
  - MasterCard** } into OBFF office for processing
  - PayPal** – Visit [obff.com/Payment.htm](http://obff.com/Payment.htm)
  - Pre-authorized Debit – Please include PAD form and void cheque
  - Payment by 3<sup>rd</sup> Party: \_\_\_\_\_
- Total Amount Paid:** \_\_\_\_\_

### Minister Statistics for 2017

How many times have you preached? \_\_\_\_\_ How many hours per week are devoted to ministry? \_\_\_\_\_  
 How are you being mentored for growth? \_\_\_\_\_  
 What change(s) in ministry function(s) do you expect in the next year? \_\_\_\_\_  
 How can we assist you to advance in ministry? \_\_\_\_\_

### Moral Statements for 2017

Have you declared bankruptcy?  Yes  No  
 Have you been charged with a criminal offense?  Yes  No  
 Have you been involved in sexual misconduct?  Yes  No

*If you make any changes to these claims please contact us for prayer and accountability.*

*There have been no major changes in my ministerial or doctrinal standards and I reaffirm my intention to co-operate with the programs of Open Bible Faith Fellowship, to support its policies and principles and to work in co-operation with its officials.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

This form is designed to be filled out in Adobe PDF. If you are viewing an email preview, make sure you open in Adobe before attempting to edit. Fill in all required fields. If Save As dialog doesn't open when clicking Save buttons, select File>Save As and save to your computer. Send completed form via any format to OBFF using the listed contact info beside the logo. Please include payment and ministry renewal form simultaneously.