



2017 Credential Renewal Form

40 Cypress Creek Pkwy W, PMB 391, Houston, TX 77090; Office 713.363.2530; Fax 713.363.2563
Email: graceinternational@grace.tv Website: www.gracechurches.tv

Please complete the following and return with your **\$100** renewal fee. Thank you! **NO RENEWAL FEE FOR 70+**

Licensee name:		Date of Birth:	
Spouse's name:		Date of Birth:	
Date of Marriage (Anniversary):			
Child's Name:	Child's Date of Birth:	Child's Name:	Child's Date of Birth:
Child's Name:	Child's Date of Birth:	Child's Name:	Child's Date of Birth:
Home Address:			
City:		ST:	ZIP:
E-mail Address:		Fax:	
Mailing Address (if different from home address listed above):			
City:		ST:	ZIP:
Home Phone:		Cell Phone:	
Employer Name:		Work Phone:	

Name of church you are currently attending: _____
Grace International Church? Yes No
*******If answer is "NO", please call or meet with your District Superintendent to discuss your ministry.**
Date of call or visit _____

Mailing address of church you're attending:			
City:	ST:	ZIP:	Church FAX:
Pastor's name:			Church PH:
Pastor's E-mail:		Church Website:	
Are you a church paid staff member? Yes No If yes, position?			
If a Senior Pastor, are you bi-vocational? Yes No (Please list your work number above.)			

OFFICE USE ONLY:			
Date of Check:	Check issued by:	Check #:	Amount:
If check issued by church, please list the name fee should be applied to:			
RENEWAL (please check license level):			
<input type="checkbox"/> Pastoral Development <input type="checkbox"/> Specialized Ministry <input type="checkbox"/> General License <input type="checkbox"/> Ordination			
UPGRADE: (if there is an upgrade application <i>pending</i>)			
Indicate current license level above and list issue date: _____			
ONLINE PAYMENT Date _____ Amount _____			