



Membership Renewal Form 2026/2027

Position: _____

Full Name: _____

Organization: _____

Spouse's Name: _____

Home Address: _____

Cell #: _____ Other #: _____

Member Email: _____

Spouse's Email: _____

Please answer the following questions, and email this form to Office@ifca.org

1. What local church are you a member of? _____
2. Has there been any change in your marital status that has not been reported? _____

3. Have you any denominational affiliation? YES NO If you answered Yes, please explain below _____

4. In what Regional are you active? _____
5. What is your Regional involvement? _____

6. Have you been ordained? YES NO

7. If you have been ordained within the past year, when and by whom?

8. \$ _____ Renewal fee \$ 80.00 Standard Member
 13.00 Full-Time theological student
 31.00 No longer serving in full time Ministry (Retired)
 51.00 Foreign Missionary Overseas for 75% of the calendar year

MEMBERSHIP FEES ARE DUE MARCH 31, 2026

An additional \$10 fee will be automatically added if you renew your membership
AFTER March 31, 2026

Thank you for your prayerful and financial support!

"I hereby reaffirm that I am in full agreement with the Articles of Faith of IFCA International and am willing to abide by the Constitution and By-Laws, and that I am separated from denominational affiliation (Article VI, Section 2). In addition, I also reaffirm that I adhere to the membership requirements outlined in By-Laws Article II.6.b"

(If you have any comments or notes, please include them in your email when sending your form in)

Signature _____

Date: _____

Please type your name to designate agreement

Office Use Only: Approved _____

Disapproved _____

Referred _____