



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 _____