



GRACE GLOBAL

ALLIANCE

MINISTERIAL CREDENTIAL RENEWAL

TYPE OF CREDENTIALIING REQUESTING RENEWAL

Licensed / Ordained Minister

DEMOGRAPHIC INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Social Security #: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Website: _____ Fax Number: _____

MARITAL STATUS: Single Married Remarried Divorced Separated Widow/Widower

*If ever separated, divorced or remarried, please fully explain on a separate sheet of paper.
If previously reported, no update required.*

Name, Age, and Relationship of Individuals (including Spouse) living in your Home:

Name	Age	Relationship

Employment Status: Student Part Time Full Time Self-Employed Retired Disabled

Type of Work: _____

Have you ever been arrested, charged or convicted for any criminal act? Yes No (If YES, please fully explain)

NATIONALITY

Are you a United States Citizen? Yes No If NO, what is your Nationality? _____

I am in the United States on a Green Card. Yes No (If YES, Please provide a copy)

I am in the United States on a VISA. Yes No (If YES, Please Provide a Copy)

If YES, type of VISA and Expiration Date: _____



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MINISTRY UPDATE

Has anything changed since you last updated your Credentialing? Yes No

Are you currently credentialed, or have you been previously credentialed, with another Church, Denomination or Association? Yes No If YES, please explain: _____

Have you been disciplined or had your credentials revoked by a former church, denomination or association?

Yes No If YES, please explain: _____

Have you even been removed from a pastoral or leadership position for cause?

Yes No If YES, please explain: _____

Are you CURRENTLY active in Ministry? Yes No If YES, Full Time Part Time

Senior Pastor Associate Pastor Children's Ministry Youth Ministry Adult Ministry

Music Ministry Teaching Ministry Home Missionary International Missionary Chaplain

Other: _____

What is your PRIMARY Ministry? _____

How Long Have You Served In This Position? _____

CONTINUING EDUCATION

Courses Taken in Ministry-Related Fields (Not Resulting in a Degree or Continuing Education)

_____ From: _____

_____ From: _____

_____ From: _____

Currently Enrolled in College? Yes No If YES, where: _____

If YES, course of study and anticipated graduation date: _____



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STEWARDSHIP

- Yes No Are your finances in good order?
- Yes No Have you EVER been in serious financial problems?
- Yes No Are you consistently giving to your church a regular basis?
- Yes No Do you pledge to support this Association financially?

Please check the Category that will apply if you are renewing

- As a **Licensed** or **Ordained Minister** of Grace Global Alliance, I pledge to contribute a minimum of \$25.00 per month (or a minimum of \$300 per year) to fulfill my commitment.

NOTE: All Grace Global Alliance issued credentials expire on August 31st of each calendar year. Renewal forms will be mailed to all credentialed ministers on or around July 1st and must be completed, returned and processed for the continuation of your credentials beyond the current year of issue. Contributions to conventions, missionary endeavors or special projects does not count toward your annual ministerial financial commitments.

Check One

- My check is enclosed to bring my Ministerial Contribution current for the past credential year with this application.
- I have already paid my entire Ministerial Commitment for the past credential year.
- I am NOT current and I have enclosed my explanation and my NEW financial commitment to the Association.
- I am NOT current and am NOT renewing my credentials with Grace Global Alliance.

Printed Name: _____ Date Signed: _____

Signature: _____

Make Checks Payable and Return this Completed Form To:

Grace Global Alliance
100 Carmona Place
Hot Springs AR 71909



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MINISTERIAL TITHE COMMITMENT

As a credentialed minister through Grace Global Alliance, I covenant to support the ministry with my prayers, as well as a minimum monthly donation of \$25 to support its ongoing activities. By signature below, I authorize the electronic remitting of support via bank draft. This authorization will remain in effect until such time as revoked by me, in writing.

Signature

Date Signed

Printed Name

Address

City / State / Zip

Phone

I authorize the following charges to be drafted from my checking account:

\$25 Initial Application Fee

\$25 Recurring Ministerial Financial Support

_____ as a Recurring Financial Gift

_____ as a One-Time Financial Gift

Please Include a Copy of a VOID Check

Remit To:

Grace Global Alliance
100 Plaza Carmona Place
Hot Springs Village AR 71909

Fax This Form To: 501-984-5788



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