



2025 Renewal Form

Date: _____

(Please complete this form and mail or email it with your renewal fee to the WHMN offices, or pay fee online)

Type of Renewal: Membership Christian Worker Licensed Ordained

Personal Information:

Please send all correspondence to this address

Name: _____
(Title [include title if you want it on membership card], First Name, Last Name)

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Single Married Divorced* Remarried* Widowed

*If you have been divorced or remarried since your last renewal, please explain circumstances for the change in marital status on "Additional Information" page (this will be confidentially held)

Ministry Information:

Please select your ministry/area(s) of responsibility

Senior Pastor Associate Pastor Youth Pastor Teacher Apostle
 Prophet Evangelist Christian Worker Children's Pastor Administrator
 Worship Pastor Chaplain Prison Minister Missionary Other _____

Please send all correspondence to this address

Church/Ministry Name: _____

Church/Ministry Street Address: _____

City: _____ State: _____ Zip: _____

Website Address: _____ Phone: _____

If you are licensed/ordained, have you fulfilled the preaching requirement of twenty or more engagements this year, or are you actively involved in full-time ministry, employed on a church staff, or engaged in one of the five-fold ministries (Ephesians 4:11)? Yes No

Please provide details about your ministry activity in 2024:

Please provide details about the primary focus of your ministry in 2024:

If you are a senior pastor, would you like one of the pastors from the WHMN administrative offices to speak at one of your church services? If yes, please note a suggested date: _____

**Are you affiliated with other ministers who are interested in establishing a relationship with WHMN?
If yes, please provide contact information:**

Are you currently licensed with/ordained by any other ministry organization? Yes No
If yes, please provide names and addresses:

Would you consider your ministry full-time or bi-vocational? Full-time Bi-vocational

Approximately how many sermons did you preach in 2024? _____

Approximately how many souls did you lead to Christ in 2024? _____

Approximately how many baptisms did you perform in 2024? _____

**We value your input. Do you have suggestions for WHMN that you believe would benefit its members?
Are there things we could do better?**

World Harvest Ministers Network

Renewal Fee Form

Renewal fee is \$80.00. Please make checks payable to: World Harvest Ministers Network.

If you would like to expedite your application by using a credit card, fax the application along with your credit card information to the WHMN offices at (574) 299-4248 or email to lbarlow@christiancenter.org. You may also call 574-291-3292 to provide your credit card information or go online to pay at www.whmn.net.

Name: _____ Date: _____

Billing Address (address on statement): _____

Credit Card #: _____ 3-Digit Security Code: _____ Exp. Date: ____/____

Signature: _____

Card Type: VISA Master Card American Express Discover

FOR OFFICE USE ONLY

Name of Member: _____ Date Renewal Form Received: _____

Date Renewal Form Reviewed: _____ Credentials Requested by Member: _____

Credentials Offered to Member: _____ Credential Offer Accepted by Member? (Yes) or (No): _____

Date Payment Processed: _____ Date Membership Card, Letter, and Receipt Sent to Member: _____

Date Payment and Receipt Sent to A/R: _____ Check# (if applicable) _____