



2026 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 2025:

Please provide details about the primary focus of your ministry in 2025:

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 2025? _____

Approximately how many souls did you lead to Christ in 2025? _____

Approximately how many baptisms did you perform in 2025? _____

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

Additional Information

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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: _____ Date: _____

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) _____