

# ACTS FELLOWSHIP INTERNATIONAL

P.O. BOX 140516 \* BROKEN ARROW, OK\* 74014

PHONE: (918) 357-1138 \* FAX (918)357-1141

[www.rgmafi.org](http://www.rgmafi.org) and [www.rgm.me](http://www.rgm.me)

## AFI 2017 ANNUAL RENEWAL FORM

Please complete this form **IN FULL** and return to the above address along with your **renewal dues by December 31<sup>st</sup>**. Married couples must file separate forms if both hold membership. **Renewals postmarked after December 31<sup>st</sup> will be charged a late fee. If your renewal is not received by January 15<sup>th</sup>, your membership will be cancelled for non-compliance. FORM MUST BE FILLED OUT IN ITS ENTIRETY. RG**

**Circle the position you serve the Lord in below:** Eph. 4:11, 1Cor. 12: 28, Rom. 12:8.

Apostle Prophet Evangelist Pastor Teacher Exhorter Itinerant Missionary Youth Helps

Date: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouses Name \_\_\_\_\_

**Circle One:** Single/Married/Divorced/Widowed/Separated Number of Children: \_\_\_\_\_

Is your ministry on Facebook? \_\_\_\_\_ Are you personally on Facebook? \_\_\_\_\_

Full Home Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Home Fax ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website Address \_\_\_\_\_

Church or Ministry Name \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Full Physical Address \_\_\_\_\_

Church Office Phone ( ) \_\_\_\_\_ Church Office Fax ( ) \_\_\_\_\_

Give a brief review of your past year: \_\_\_\_\_

\_\_\_\_\_ Use another sheet if needed.

### **Questions Below Must Be Filled Out:**

How many AFI meetings did you attend this year? (check below)

\_\_\_ Pensacola Beach, FL \_\_\_ Gatlinburg, TN \_\_\_ Claremore, OK \_\_\_ Branson, MO

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Circle your AFI status:** ORDAINED-\$100.00 LICENSED-\$75.00 AKB-\$50.00

**LATE FEE** \_\_\_\_\_ **If renewal is postmarked after December 31<sup>st</sup>, include a late fee of \$35.00**

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

**Make Checks Payable To:** AFI.

**Circle type of card:** Visa MasterCard Discover American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security #: \_\_\_\_\_ Billing card zip code: \_\_\_\_\_

If paying by check, include Check # \_\_\_\_\_ and Amount: \_\_\_\_\_