

ACTS FELLOWSHIP INTERNATIONAL

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

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

www.afi.faith and www.rgm.me

AFI 2020 ANNUAL RENEWAL FORM

Please complete this form **IN FULL** and **MAIL it** to the above address along with your **renewal dues by December 31st**. Married couples must file separate forms if both hold membership. **Renewals postmarked after December 31st will be charged a late fee. If your renewal is not received by January 15th, 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, 1 Cor. 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 ____ Tulsa, 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 31st, include a late fee of \$35.00

TOTAL AMOUNT ENCLOSED: \$ _____

Make Checks Payable To: AFI.

If paying by check, include Check # _____ and Amount: _____

Circle type of card: Visa MasterCard Discover American Express

Card # _____ Exp. Date _____ Security #: _____ Billing card zip code: _____