



American Evangelical Christian Churches
P.O. Box 1705
Rocky Point, NY 11778

RENEWAL FORM FOR ALL CURRENT AECC MINISTERS
(PLEASE TYPE OR PRINT CLEARLY)

Date _____

(Complete the following as you want it to appear on your card:)

Prefix (Circle one): Rev. / Dr.

Name: _____
(First) (Middle Initial – if used) (Last)

Suffix (Circle one – if used): Jr. / Sr. / II / III / other _____)

Please provide full and complete information for the following:

Address: _____

City: _____ State / Province: _____

Zip Code /Mail Code: _____

Country (if other than the United States): _____

Please check all that apply: Licensed Minister _____ Life Member _____ Ordained Minister _____ Retired _____

Marital status (check one): Single _____ Married _____ Spouses Name: _____
(If you are single, divorced or widowed, please check 'Single')

Phone (home): _____ (cell): _____

Email: _____

Is there any information listed above you do not wish to have published? Please specify

Licensed / Ordained by (denomination/organization): _____ Date _____

1. Do you believe AECC Credentials are essential to your ministry? _____

Explain _____

2. What educational degrees do you hold? _____

3. List any educational updates you participated in during the past year: _____

· **SECTION A: IF YOU ARE A PASTOR (Senior, Solo, Associate, Assistant) SERVING A CHURCH, COMPLETE THE FOLLOWING FOR DIRECTORY PURPOSES: (If you are not, please proceed to SECTION B)**

Name of Church: _____

Church Address: _____ City: _____

State/Province: _____ Zip Code / Postal code: _____ Country: _____

Your professional title (Pastor, Senior Pastor, Assistant Pastor, etc.) _____

Please include your website and/or links to social media: _____

Approx. # of members: _____

Is it an AECC Affiliated Church? Yes _____ No _____ Does your church help support the AECC? Yes _____ No _____

Is your Church affiliated with any other religious body? Yes _____ No _____ Which? _____

Does your Church know that you are an AECC Minister? Yes _____ No _____ If not, why? _____

· **SECTION B: IF YOU ARE NOT A PASTOR SERVING A CHURCH, COMPLETE THE FOLLOWING FOR DIRECTORY PURPOSES:**

What is your area of ministry? (Chaplain, Missionary, Evangelist, Christian Worker, Teacher, etc.). Please give complete details):

e.g. Chaplain (Missionary, Evangelist) _____

Name of Ministry _____

Address of Ministry _____

What does your ministry seek to do: _____

Please include your website and/or links to social media: _____

REQUIRED FOR ALL SEEKING RENEWAL:

Which Conference(s) have you attended in the past 3 years (if any)? _____

Which International Conferences have you attended in the past three years (if any)? _____

If you have not attended any, please explain why: _____

- 1) **Using a separate sheet of paper, please submit a complete report of your christian activities during the past year.**
- 2) **Please include one reference contact who can confirm your ministry involvement over the past year.**

Name: _____

Church/Title: _____

Phone: _____

Email: _____

WITHOUT THIS INFORMATION, WE CANNOT PROCESS YOUR CREDENTIALS.

If you are not actively engaged in the ministry and still wish to hold credentials as an AECC minister, you will be listed as "Retired" or "Inactive" in our files.

*An **AECC MINISTER** is a minister who holds credentials from the American Evangelical Christian Churches. AECC members should refer to themselves as such.*

By affixing my signature to this application I am acknowledging that I am in full agreement and covenant to abide by the Constitution and Bylaws of the American Evangelical Christians Churches, Inc., including the Articles of Faith.

I have filled out this form to the best of my ability and have answered each question truthfully as I understand it.

I commit to paying the **required donation of one hundred (\$100.00) dollars** for the coming year by clicking the 'membership payment' button on the 'membership web page' or by remitting either a check or money order in the amount of \$100.00 to American Evangelical Christian Churches, Inc. and mail with completed application to:

AECC, P.O. Box 1705, Rocky Point, NY 11778 U.S.A

I believe the American Evangelical Christian Churches, Inc. is performing a worthwhile ministry necessary to those who are members, and realize that for it to continue, it is not only my obligation but also my duty to support it not only by prayer but also monetarily. While I realize that there is no specified amount AECC Ministers are required to give, I understand the importance of my monetary donations on a regular basis. I covenant to send a donation monthly if possible and if not as often as I am able, Lord willing. I also attest that if I am unable to support the AECC monetarily in any manner I will let the office know why I am unable to fulfill my obligation under this covenant to make monetary donations of some amount on a regular basis.

If at any time I wish to be released from my above agreed upon covenants, I will return my credentials and formally request my membership with the American Evangelical Christian Churches be canceled.

Name (printed or typed): _____

Signature: _____ Date: _____

Thank you for your continued support and faith in the American Evangelical Christian Churches.