



# EMBASSY MINISTERIAL ASSOCIATION

## Member Renewal 2010

CURRENT STATUS:  Timothy Papers  License  Ordination

Please complete this form and return to us by **February 28, 2010**. Include the completed **Member Renewal form** and the annual membership fee of **\$50.00 USD** for each member made payable to **Roberts Liardon Ministries**. For all renewals received after the above-mentioned date, a late fee of \$10.00 USD will be added for the renewal of your credentials. After successful completion and careful consideration, you will receive an EMA member card for the current year. Thank you!

[Please type or print clearly]

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_

Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Do you currently Pastor a Church?  Yes  No

➤ If Yes, please list the following information:

Church Name: \_\_\_\_\_ Church Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

➤ If No, please list your home church:

Church Name: \_\_\_\_\_ Senior Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

- Do you desire to pursue the next level of credentialing?     Yes     No
- If yes, what level are you applying for? (On a separate sheet please explain why you want a change of status and how you will benefit from the new status.)

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- Do you still agree with and believe in "The Basic Statement of Belief" of Embassy Ministerial Association?
  - Yes     No    (If No, please explain on separate paper.)

- Are there any other changes regarding your ministry that need to be made in our membership directory or your EMA file? \_\_\_\_\_

\_\_\_\_\_

- Please list any personal or ministry related prayer requests that you may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to help support Operation 500 during 2010?                       Yes     No

Yes, I will commit to \$\_\_\_\_\_ per month for Operation 500.

**Signed:** \_\_\_\_\_                      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail renewal form, annual ministry report form and renewal fee to:

**Embassy Ministerial Association**  
**P.O. Box 2989**  
**Sarasota, FL 34230-2989**