



RENEWAL CLERGY CREDENTIALS APPLICATION

Referred by: Name _____ Email _____ Phone _____
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LOGOS GLOBAL NETWORK, INC.
PO Box 351087 Jacksonville, FL 32235
Phone: 1-888-985-6467 or 904-559-1641 Fax: 1-888-842-4685
www.lgnfamily.org

Credential Level

- Commissioned Christian Minister** *Annual Credential Fee: \$125.00*
- Licensed Christian Minister** *Annual Credential Fee: \$175.00*
- Ordained Christian Minister** *Annual Credential Fee: \$225.00*

Information About You

Title: _____

Full Legal Name: _____

Cell Phone: _____

Church / Work Phone: _____

Email Address: _____

Updated Marital Status: Single Married Divorced Re-Married Widowed

Has your marital status changed since last renewal: _____

***Upload letter of new marital status explanation**

Do you have any new dependents: _____

**Please specify names & ages of dependent children*

**Has your permanent address
changed?** _____

Name Permeant Address: _____

City / State / ZIP: _____

**Has your mailing address
changed?** _____

New Mailing Address _____

City / State / ZIP: _____

Information About Your Church

**Have you changed churches
since your credentials were last
issued?** _____

Present Church Name: _____

Present Pastor's Name: _____

Present Church Address: _____

City / State / Zip: _____

Present Church Phone: _____

Present Church Website: _____

Present Church Membership: Yes No

**How long have been a
member:** _____

Position: _____

Your Previous Church

Previous Church Name: _____

Previous Pastor's Name: _____

Previous Church Address: _____

City / State / Zip: _____

Previous Church Phone: _____

Previous Church Website: _____

How long were you a member: _____

Position: _____

Additional Information

Have you ever been convicted of a felony?

**Please attach a letter of explanation regarding the felony.* _____

Are you a party to any current legal action?

**Please attach a letter of explanation regarding the legal action.* _____

Are you currently subject to any legal judgments?

**Please attach a letter of explanation regarding the judgment/s.* _____

Process payment at lgnfamily.org with credit card or mail check.

By signing my name below, I hereby certify that the information on my application is complete and correct. I have read and complied with all pertinent instructions.

Furthermore, by submitting this application to Logos Global Network, I re-affirm that:

- I am committed to the absolute Lordship of Christ through an ongoing relationship with Him, and
- I desire to reach greater maturity in Him by living in full obedience to His will to the best of my ability, and
- I am actively involved in a local Christian church, and
- I affirm my commitment to cooperate with and support the vision of Logos Global Network,
- I affirm my commitment to work in cooperation with its appointed leaders.
- I understand that all credential holders are required to maintain their annual membership with Logos Global Network in order for their credentials to be valid. Credential cards are issued annually to members in good standing as a validation of their credential status.
- I have read Article 10 of the LGN Constitution & By-laws entitled "Ministerial Credentials".

If I have indicated that I wish to pay by credit card, I authorize Logos Global Network to charge the card I have provided for the indicated fee. I understand that these charges are non-refundable. If I have indicated another payment method, I understand that my application will not be processed until payment has been received by Logos Global Network.

DATE

SIGNATURE OF APPLICANT