

◆ **ONLY 10 MINUTES OF YOUR TIME IS NEEDED—THANK YOU!** ◆



AEGA Annual

# Credential Renewal Form

**DEADLINE—MAY 1st—No Renewal Fee Required**  
*If received after June 1st, there is a \$100.00 reinstatement fee due.*

Fax: 1-318-345-0350—Email: [info@aega.org](mailto:info@aega.org)

Mail: AEGA—P O Box 70—Swartz, LA 71281-9952

## TO RENEW ONLINE

Online form: go to [www.aega.org](http://www.aega.org)—click on “resources” at top of page—go to “applications” - click on “online renewal”

### SECTION ONE:

YES, I am applying to continue (renew) my credential status as: (check only one please)

Christian Worker       Ministerial Apprentice       Licensed Minister       Ordained Minister

OR

Please renew my credential as checked above, but I wish to receive information on how to upgrade my credential to next level—(This request does not apply for “Ordained Ministers”)

No, do not renew my credential—just fill out “section two” and return to AEGA Office along with your credential certificate and card.

### SECTION TWO

Name \_\_\_\_\_ Credential Number: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Ministry/Bus. Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

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

YES, add my email to the AEGA Email List to receive online newsletters and updates

### SECTION THREE

1) Marital Status:  Single  Married  Widowed  Divorced/Separated

2) Has this status changed since last renewal?  Yes  No

3) If married: Spouse Name: \_\_\_\_\_ Number of children \_\_\_\_\_

4) Are you a US Citizen?  Yes  No If no, what is your status \_\_\_\_\_

5) Your Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

6) What is your approximate annual gross income (secular & ministry combined) \$ \_\_\_\_\_

7) Are you supported entirely by your ministry?  Yes  No

(if no, what is your secular occupation \_\_\_\_\_)

8) Have you been arrested, charged or convicted of a criminal act since you were originally credentialed?

Yes  No (If yes, attach a detailed statement)

### SECTION FOUR

I AM PRESENTLY INVOLVED IN THE MINISTRY OF (check all that apply)

Evangelism  Teaching  Counseling  Pastoring  Missionary  Music/Worship Ministry

Children Ministry  Youth Ministry  Chaplain Other \_\_\_\_\_

**CONTINUE ON BACK PAGE** →

**SECTION FIVE—ANSWER THIS SECTION ONLY IF YOU ARE A PASTOR (if not skip to Section 6 & 7)**

- 1) Name of Church You Pastor \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 2) Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_
- 3) Is your church a 501(c)3 charter under the AEGA Group Exemption or is it affiliated with AEGA?  Yes  No  
If No, what organization is the church affiliated with: \_\_\_\_\_  
Would you like information on how to charter or affiliate your church with AEGA?  Yes  No

**SECTION SIX—IF YOU ARE “NOT” A PASTOR ANSWER THIS SECTION (if a pastor complete Section 5 then skip to Section 7)**

- 1) What type of ministry are you involved in: \_\_\_\_\_
- 2) Do you have a 501(c)3 Charter for your ministry under the AEGA Group Exemption?  Yes  No  
If “Yes” give name of your ministry: \_\_\_\_\_  
If “No” would you like information on how to receive an AEGA charter for your existing ministry or new ministry?  Yes  No
- 3) Do you have a individual 501(c)3 issued and approved directly from the IRS for your ministry?  Yes  No
- 4) Name of the “Home Church” you attend when not ministering: \_\_\_\_\_
- 5) Pastor’s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 6) Are you faithful to attend when you are not ministering?  Yes  No (if no, explain) \_\_\_\_\_

*(NOTE: AEGA Bylaws require that all non-pastors must have a home church they are faithful too in order to qualify for renewal. If for any reason you cannot meet this requirement, you must give an explanation which will be reviewed by the credential committee)*

**SECTION SEVEN—YEARLY MINISTERIAL ACTIVITY UPDATE—MUST COMPLETE EVERY QUESTION**

- 1) How many of the following have you conducted this year? Weddings \_\_\_\_\_ Funerals \_\_\_\_\_ Baby Dedications \_\_\_\_\_ Baptisms \_\_\_\_\_  
Communions \_\_\_\_\_ Revivals/Special Meeting \_\_\_\_\_ Approx. number of sermons preached \_\_\_\_\_  None of the above
- 2) What is your primary goal in ministry for coming year? *(Please be specific as we want to be in prayer for you)* \_\_\_\_\_  
\_\_\_\_\_
- 3) Would you like an informational packet on how to further your Christian education and earn your accredited Biblical degree at home through distance learning?  Yes  No If yes, what degree level interest you? \_\_\_\_\_
- 4) Do you read the “AEGA GRAPEVINE NEWSLETTER” each month?  Yes  No  Occasionally  
Comments: \_\_\_\_\_
- 6) Have you attended an AEGA Area/State Meeting near you?  Yes  No (if no, explain) \_\_\_\_\_
- 7) Have you ever attended an AEGA World Conference?  Yes  No (if no, please give reason: \_\_\_\_\_)
- 8) Are you interested in learning how you can be an AEGA Area Coordinator in your state?  Yes  No  I am already one

**The following information is required of all credential levels of membership and will be kept confidential. This information enables the Executive Board to propose a budget for the upcoming fiscal year and helps determine the future expansion of the domestic and world missions. Your assistance is greatly appreciated. - Thank You!**

**◆ FOR CHRISTIAN WORKER & MINISTERIAL APPRENTICE LEVEL:**

I renew my commitment as a credentialed member of the AEGA Fellowship and agree to abide by the AEGA Constitution & Bylaws and give according to bylaws \$\_\_\_\_\_. Monthly AEGA World Mission Pledge \$\_\_\_\_\_ (optional)

**◆ FOR “PROFESSIONAL LEVEL” LICENSED & ORDAINED MINISTER LEVEL:**

I renew my commitment as a credentialed Licensed or Ordained minister of the AEGA Fellowship and agree to abide by the AEGA Constitution & Bylaws and give each month the amount of \$\_\_\_\_\_. As required per my credential level (see bylaws)  
Monthly AEGA World Mission Pledge \$\_\_\_\_\_ (optional)

ADDITIONAL COMMENTS: \_\_\_\_\_

*I affirm that I have answered the questions on this form truthfully to the best of my knowledge.*  
Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your time in this important matter. AEGA is honored to have you as a member!**  
*You will be contacted by our office if additional information is needed.*