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## MEMBERSHIP RENEWAL APPLICATION

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PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

-        Membership No.

Name \_\_\_\_\_

Church/Company/School Name \_\_\_\_\_

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Church/Company/School Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

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### Method of Payment

(Make checks payable to FCM.)

Check/Cheque    Cash    Money Order    Amex    Discover    MasterCard    Visa

Charge Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ CIV# (3 digit number back of card) \_\_\_\_\_

Print Name (as it appears on charge card) \_\_\_\_\_

Signature \_\_\_\_\_

Do you need to update your membership information?  
(Change of address, phone number, name, email, etc.)

Please check all that apply:

address change    name change    phone number change    marital status  
 email change    added information    other