

To be “In Good Standing” with ECAMFC,
please complete and return this report by February 28, 2026



Your Personal Information

First Name: _____ Middle Init: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Phone: (Home) _____ (Mobile) _____ (Work) _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Email: (if applicable) _____ Relationship to Emer Contact: _____

Relationship Status: Single | Married | Divorced | Widow

Membership Information

Membership ID#: _____ Membership Type: Licensed | Ordained | Student

Do you continue to agree with the Beliefs and Ministerial Ethics of ECAMFC?: Yes | No

Do you plan to attend this year's National or Regional Convention of ECAMFC?: Yes | No

Your Updated Ministry Information

Ministry Involvement: Full-Time | Part-Time | Retired | Inactive

Name of the Organization where you serve in ministry: _____

Address of the Organization: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Main Email: _____

How is this organization governed?: _____

How are you held accountable by this organization?: _____

The Title of your position within this organization: _____

Is this ministry a position of employment?: Yes | No

How long have you served in this Organization's ministry?: _____ year(s) / _____ month(s)

List your ministerial activities with this organization: _____

Explain any changes in your ministry in the past year: (if applicable) _____

Your ministry highlights for the past year: _____

Ministry plans for the current year: _____

If you are available for Ministry, please describe your availability: _____

Part-Time Ministers

What is your average number of hours per week spent in ministry? _____

If you hold a secular job in addition to your ministry position, describe your job: _____

Do you plan to change the amount of ministry you do? Please Explain: _____

Inactive Ministers

Please explain why you may still need credentials: _____

Please attach any other document and give your comments on a separate sheet.
A late fee of \$50.00 must be paid if the \$200.00 dues are not received by February 28.

Please notify the ECAMFC office of any change in your
address, phone number or email address within 30 days of their occurrence.

Signed: _____

Date: _____