



2025 ICFM Membership Renewal Form

Please complete the appropriate fields below and return by email to admin@icfm.org.au

Full Name:

Mobile:

Email Address:

Mailing Address:

Ministry Name:

Ministry Website:

Check your payment option:

A Tax Invoice/Receipt will be issued upon receipt of payment - ABN 20 008 636 075

- ☐ Paid directly into ICFM bank account
Name: ICFM BSB: 084 383 Account Number: 026 817 086
- ☐ PayPal
- ☐ Credit Card

Name on Card: _____

Card Number: _____

Expiry Date: _____

Please check current ministry function

- | | |
|--|--|
| <input type="checkbox"/> AD Administrator | <input type="checkbox"/> MM Music Minister |
| <input type="checkbox"/> AM Associate Minister | <input type="checkbox"/> PA Pastor |
| <input type="checkbox"/> AP Apostle | <input type="checkbox"/> PC Police Chaplain |
| <input type="checkbox"/> AS Assistant Associate Pastor | <input type="checkbox"/> PM Prison/Jail Minister |
| <input type="checkbox"/> CM Children's Minister | <input type="checkbox"/> PR Prophet |
| <input type="checkbox"/> EV Evangelist | <input type="checkbox"/> SM Singles Minister |
| <input type="checkbox"/> HC Hospital Chaplain | <input type="checkbox"/> ST Bible School Student |
| <input type="checkbox"/> HE Helps | <input type="checkbox"/> TE Teacher |
| <input type="checkbox"/> IN Inactive in Ministry | <input type="checkbox"/> YM Youth Minister |
| <input type="checkbox"/> MC Military Chaplain | <input type="checkbox"/> MI Missionary |

Changes in Ministry:

Signature:

Date: