PROVIDENT NETWORK

P.O. Box 2438 Phone: (574) 968-1566 South Bend, Indiana 46680 Fax: (574) 968-1578

email: jhabig@providentministries.org

2014 RENEWAL FORM

Please fill out all information completely.

Name:			
Personal address:			
City:	State:	Zip:	
Personal phone:	Cell phone:		
Email address:			
Church / Ministry name:			
Ministry's address:			
City:	State:	Zip:	
Ministry's phone:	Mi	Ministry's fax:	
Ministry's email:			
Ministry's website address:			
Your position: [] Apostle [] Prophet [] Senior Pastor [] Associate Pastor			
[] Evangelist [] Worship Le	eader [] Youth Pasto	r [] Teacher [] Helps	
[] Missionary [] Other ((Explain)		
Spouse's Name:			
Provident Network plans on comwill be using this information for some individuals desire to maintate privacy, we will list only that in Therefore, please fill out the about any information you do not wish	r the directory. We unders ain certain levels of privacy information that you wish to the information completely	tand that, for various reasons, v. In order to honor your right o be included in the directory.	
Please return this form with ar Credit card payment: [] V	ake checks out to: Provident nnual renewal fee of \$75 pay December 31, 2014 Visa [] MasterCard [] Amer	able to Provident Network by ican Express [] Discover	
Signed:			