

# PROVIDENT NETWORK

P.O. Box 2438

Phone: (574) 968-1566

South Bend, Indiana 46680

Fax: (574) 968-1578

email: [jhabig@providentministries.org](mailto:jhabig@providentministries.org)

## 2018 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: \_\_\_\_\_

Ministry's fax: \_\_\_\_\_

Ministry's email: \_\_\_\_\_

Ministry's website address: \_\_\_\_\_

Your position:  Apostle  Prophet  Senior Pastor  Associate Pastor

Evangelist  Worship Leader  Youth Pastor  Teacher  Helps

Missionary  Other (Explain) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Provident Network plans on compiling a membership directory of all our members. We will be using this information for the directory. We understand that, for various reasons, some individuals desire to maintain certain levels of privacy. In order to honor your right to privacy, we will list only that information that you wish to be included in the directory. Therefore, please fill out the above information completely for our records and indicate any information you do not wish included in the directory \_\_\_\_\_

Please make checks out to: Provident Network

Please return this form with annual renewal fee of \$75 payable to Provident Network by  
December 31, 2017

Credit card payment:  Visa  MasterCard  American Express  Discover

Card Number: [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ] Expires: \_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_