

**THE COMMUNITY CHRISTIAN FELLOWSHIP CHURCH OF CANADA.-APPLICATION FOR CHANGE OF MEMBERSHIP STATUS.**

Name of Applicant: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Present City/Town of Ministry: \_\_\_\_\_

Type of Ministry: \_\_\_\_\_ (church work, social services, chaplaincy, etc.)

Please checkmark one of the following lines:

-I wish to change from full-time to part-time status. Date desired: \_\_\_\_\_.

-I wish to change from full-time to retirement status. Date desired: \_\_\_\_\_.

-I wish to change from part-time to full-time status. Date desired: \_\_\_\_\_.

-I wish to change from full-time or part-time to retirement. Date desired: \_\_\_\_\_.

If wanting to change from full-time to part-time status or retirement, please indicate the reason why: (applicant must have at least 7 years of full-time status in order to change to part-time or retirement status; if the change is approved by the Board, it becomes in effect the start of the next fiscal year starting April 1<sup>st</sup>).

\_\_\_\_\_  
\_\_\_\_\_

**(Note: If desiring to move to part-time or retirement from full-time status, please indicate the total # of hours you plan on working in ministry and any outside job not ministry-related. If the total # of hours from both jobs exceeds 10 per week, you must remain at a full-time status level within CCFCC).**

**ANTICIPATED TOTAL # OF HOURS WORKING PER WEEK OR AVERAGE THEREOF: \_\_\_\_\_**

**I hereby state that all the above information is true and forthright to the best of my knowledge. (Your application will be presented at the next Board meeting).**

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Please save and send this document as an attachment in your email to President Len Goddard at: [lensr@sonshinefamilies.ca](mailto:lensr@sonshinefamilies.ca) ).