



Name of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

### **Credential Financial Summary**

File #: \_\_\_\_\_

(for office use)

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone #: \_\_\_\_\_

Church's Email \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Address: \_\_\_\_\_

Pastor's Phone #: \_\_\_\_\_

Pastor's Email: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Secretary's Phone #: \_\_\_\_\_

Secretary's Email: \_\_\_\_\_

Category	Credential Cost	Quantity	Amount Due
Executive Board @ \$200.00 each	\$ _____	_____	\$ _____
Bishops @ \$100.00 each	\$ _____	_____	\$ _____
District Elders @ \$75.00 each	\$ _____	_____	\$ _____
Pastors @ \$50.00 each	\$ _____	_____	\$ _____
Elders @ \$30.00 each	\$ _____	_____	\$ _____
Ministers @ \$25.00	\$ _____	_____	\$ _____
Deacon @ \$15.00	\$ _____	_____	\$ _____
Missionary @ \$10.00	\$ _____	_____	\$ _____
Genarel Membership@ \$5.00	\$ _____	_____	\$ _____
		Total Submitted	\$ _____

Date Submitted: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Form #202**

Make checks payable to: "The Way of the Cross Church of Christ, Intl."