



Mail Form To:
The Way of the Cross Church of Christ, International
Attn: General Secretary
1800 Hazelwood Dr., Capitol Heights, MD 20743



The Way of the Cross Church of Christ, International

Credential Financial Summary

(For Office Use Only - File Number: _____)

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: _____

Category	Credential Cost	Quantity	Amount Due
Apostles @ \$500.00 each	\$ _____	_____	\$ _____
Executive Board @ 300.00 each	\$ _____	_____	\$ _____
Bishops @ \$200.00 each	\$ _____	_____	\$ _____
District Elders @ \$100.00 each	\$ _____	_____	\$ _____
Pastors @ \$100.00 each	\$ _____	_____	\$ _____
Elders @ \$75.00 each	\$ _____	_____	\$ _____
Ministers @ \$50.00	\$ _____	_____	\$ _____
Evangelist @ \$40.00	\$ _____	_____	\$ _____
Deacons @ \$25.00	\$ _____	_____	\$ _____
Missionaries @ \$20.00	\$ _____	_____	\$ _____
General Memberships @ \$5.00	\$ _____	_____	\$ _____
Total Submitted			\$ _____

Date Submitted: _____ Date Received: _____

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