

# *The Way of the Cross Church of Christ, International*



## **Process of Admission to The Way of the Cross Christ of Christ, International**

*(Please keep page 1 of this Admission form)*

**Step 1:** Complete pages 2-4 of The WOTCC, Int'l. Application for Admission and return it to the Office of the Presiding Bishop at the following address:

Office of the Presiding Bishop  
Attn: Presiding Bishop Alphonzo D. Brooks  
1825 Budds Ferry Place  
Indian Head, MD 20640

**Step 2:** Contact the Office of the Presiding Bishop for District Elder and Diocesan names.

**Step 3:** Receive notice from the Office of the Presiding Bishop of a formal ceremony during "All Saints Day" at our Annual Holy Convocation.

# *The Way of the Cross Church of Christ, International*



**Office Use Only**

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

## APPLICATION FOR ADMISSION

(To be completed by churches seeking fellowship within The WOTCC, Intl.)

\_\_\_\_\_  
(Name of Church)

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

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

Church Phone Number: \_\_\_\_\_

Church Email: \_\_\_\_\_

Church Website: \_\_\_\_\_

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

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

Pastor's Phone Number: \_\_\_\_\_

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

# *The Way of the Cross Church of Christ, International*



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

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

Church Secretary Phone Number: \_\_\_\_\_

Church Secretary Email: \_\_\_\_\_

## Questionnaire

1. I, \_\_\_\_\_, \_\_\_\_\_, on behalf of the following church  
(Name of Pastor) (Clergy Title)  
\_\_\_\_\_, with full consent and approval of the  
(Name of Church)  
\_\_\_\_\_ Official Board and the membership of the above-named church  
(Name of church)

hereby apply for admission to The Way of the Cross Church of Christ, International Fellowship.

- Is there more than one church applying for admission? \_\_\_ Yes / \_\_\_ No.  
If yes, please attach a typed list of the churches' and pastors' names, with contact information.
- Are you an independent Assembly/organization? \_\_\_ Yes / \_\_\_ No
- If your answer is "yes", give date when you started as independent: \_\_\_\_\_  
If your answer is "no", please indicate below the name of the organization with which you were previously affiliated, and the name of the Presiding Officer of that church/organization.
- Please check one: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_
- If married, do you have another living (previous) spouse? \_\_\_ Yes / \_\_\_ no
- If you are (or were) affiliated with an organization and have a license and current fellowship card, please submit the original for verification (these will be returned to you).
- What credentials do you currently hold? Minister \_\_\_ Elder \_\_\_ District Elder \_\_\_ Bishop \_\_\_
- If you are a Bishop, were you officially consecrated by the organization to which you belonged? \_\_\_ Yes / \_\_\_ No  
Please attach any supporting documentation, such as a program, etc.
- How long did you serve as an Elder before being consecrated as a Bishop? \_\_\_\_\_.

# *The Way of the Cross Church of Christ, International*



11. Do you have a certificate or an earned degree from a Seminary, College or University? \_\_\_ Yes / \_\_\_ No
12. Name of school: \_\_\_\_\_
13. Name of certificate or degree \_\_\_\_\_
14. Please attach a copy of each certificate and degree.
15. Do you believe in water baptism according to Acts 2:38? \_\_\_ Yes / \_\_\_ No.
16. Have you been baptized in the name of Jesus according to Acts 2:38? \_\_\_ Yes / \_\_\_ No. If "yes" date: \_\_\_\_\_.
17. Do you believe in the oneness of God (Deut. 6:4; Gal. 3:20) according to the bible? \_\_\_ Yes / \_\_\_ No.
18. Do you believe in receiving the Holy Spirit according to Acts 2:38? \_\_\_ Yes / \_\_\_ No.
19. Have you received the Holy Spirit? \_\_\_ Yes / \_\_\_ No.

***Please email or mail a picture of the Pastor and all requested documentation to the Office of the Presiding Bishop @ adbrooks@aol.com.***

## ***Pastoral Signature of Church Applying for Admission:***

\_\_\_\_\_  
Name of Pastor

\_\_\_\_\_  
Date

## ***Approval Signatures of The WOTCC, Intl. Credentials Committee:***

\_\_\_\_\_  
Presiding Bishop Alphonzo D. Brooks \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
1<sup>st</sup> Vice Presiding Bishop Earley Dillard \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Vice Presiding Bishop Roosevelt Fulton \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bishop Darnell Easton \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Date