

COVENANT REGION CREDENTIALS CARD

Name _____ Church _____

Address _____

City _____ State _____ Zip _____

Phone(_____) _____ Cell (Optional) _____

Email _____

Please check only one blank below that describes your capacity today:

<input type="checkbox"/> Regional Officer	<input type="checkbox"/> Golden Patron Member	<input type="checkbox"/> Perpetual Member
<input type="checkbox"/> Local Delegate	<input type="checkbox"/> Silver Patron Member	<input type="checkbox"/> Minister
<input type="checkbox"/> Life Member (prior to 1966)	<input type="checkbox"/> Patron	<input type="checkbox"/> Visitor
<input type="checkbox"/> Diamond Perpetual Member		

Local President _____ Local Secretary _____

COVENANT REGION CREDENTIALS CARD

Name _____ Church _____

Address _____

City _____ State _____ Zip _____

Phone(_____) _____ Cell (Optional) _____

Email _____

Please check only one blank below that describes your capacity today:

<input type="checkbox"/> Regional Officer	<input type="checkbox"/> Golden Patron Member	<input type="checkbox"/> Perpetual Member
<input type="checkbox"/> Local Delegate	<input type="checkbox"/> Silver Patron Member	<input type="checkbox"/> Minister
<input type="checkbox"/> Life Member (prior to 1966)	<input type="checkbox"/> Patron	<input type="checkbox"/> Visitor
<input type="checkbox"/> Diamond Perpetual Member		

Local President _____ Local Secretary _____