

# 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 \_\_\_\_\_

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