Women's Missionary Society

4th Episcopal District

Official Credential Form

This is to certify that:

Name: _____

Address: _____

City: _____State: _____ Zip Code:_____

Phone (home) _____ (cell) _____

Email_____

Church Name/City: _____

Pastor: _____

Current Position(s) Held (include level) _____

_____

IS A DULY ELECTED/APPOINTED: *(Check **only** one)*

( ) Conference Officer/Commissioner ( ) Area Officer/Commissioner

( ) Local President ( ) Local YPD Director ( ) Life Member

( ) Conference Member ( ) Elected Delegate

Number of Conference WMS Conventions Attended since 2015 (including 2019) _____

Pastor's Signature: _____Date: _____

Local President's Signature: _____Date: _____

5/06/2019