



International Missionary Department
 Church of Our Lord Jesus Christ of the Apostolic Faith, Inc.
 Headquarters: 2081 Adam Clayton Powell, Jr., Blvd • New York, NY 10027
 Bishop R. C. Lawson, Establishmentarian
 Bishop William L. Bonner, Chief Apostle

Blank No. _____

Apostle James A. Maye., Presiding Apostle
 Mother Evangeline Jenkins, International President

Bishop Robert L. Sanders, Apostle to Women
 Missionary Diane Lynn, Treasurer

ANNUAL LOCAL FINANCIAL STATEMENT

Convention Report Year Ending: May _____ General Funds Collected \$ _____
 Diocese _____ Pastor _____
 Diocese Bishop _____ Diocese President _____

Please report your local church representation prior to completing your credential reports. Thank you in advance for your cooperation.

Funds From Local Band

1. Representation Fee (minimum \$50.00).....\$ _____
2. International 10% Assessment\$ _____
3. Global Missions (minimum \$25.00).....\$ _____
4. Home Missions (minimum \$25.00).....\$ _____
5. Education (minimum \$25.00)\$ _____
6. Special Effort (minimum \$25.00)\$ _____
7. International President's Love Offering.....\$ _____
8. Apostle's Love Offering\$ _____
9. State Mother's Talent.....\$ _____
10. WLBC Missionary Scholarship Fund.....\$ _____
11. PRW Scholarship Fund.....\$ _____
12. Guide & Handbook with New Insert: No. _____ @ \$35.00.....\$ _____
13. Guide & Handbook Updates: No. _____ @ \$15.00\$ _____
14. Missionary Pin: No. of Pins _____ @ \$15.00\$ _____
15. Wings of Prayer Pin: No. of Pins _____ @ \$15.00\$ _____
16. Weeping Women Prayer Pin: No. of Pins _____ @ \$12.00.....\$ _____
17. Color Beacons Special Edition: No. _____ @ \$50.00.....\$ _____
18. Memorial Sash: No. _____ @ \$25.00.....\$ _____
19. Outstanding Women: No. _____ @ \$20.00.....\$ _____

GRAND TOTAL OF ALL MONIES REPORTED FOR THE YEAR \$ _____

CHURCH INFORMATION

Meetings Held: _____ Souls Saved: _____ Souls Baptized: _____

Honored Mothers: _____ Seniors: _____ Socials: _____ Aspirants: _____ Juniors: _____ Missionettes: _____ Total Active Members: _____

Church Name	Church Address	City	State	Zip Code
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Local President	Address 1	City	Telephone	
	Address 2	State	Zip Code	Email

Local Secretary	Address 1	City	Telephone	
	Address 2	State	Zip Code	Email

Please attach work supported plans & spiritual reports

Local President's Signature _____

Approved by: _____ Amount Paying _____



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 Bishop Elijah Solomon, Executive Secretary

CREDENTIAL COMMITTEE

Missionary License Renewal Blank

To be completed by all State/Diocesan Mothers or Local Presidents for renewal of all Missionary Cards. Attach Spreadsheet with Alphabetical list of all Missionaries, designate Social or Senior. Only Missionaries who are licensed and are current on their annual dues may receive a renewal card. Aspirant and Junior Missionaries are not licensed, but must be current on their annual dues. All new credentials must be processed through the Executive Secretary's office.

Local church representation must be completed on annual local financial statement prior to completing this Credential Committee form.

DATE: _____

DIOCESE: _____

STATE/DIOCESAN MOTHER: _____

Local Church :	Local President:
Church ID:	

***Amount per Missionary**

	Number of Missionaries					Total Amount
1) Honored Mothers	<input style="width: 100%;" type="text"/>	X	\$	25.00	=	<input style="width: 100%;" type="text"/>
2) Senior Missionaries	<input style="width: 100%;" type="text"/>	X	\$	100.00	=	<input style="width: 100%;" type="text"/>
3) Social Missionaries	<input style="width: 100%;" type="text"/>	X	\$	100.00	=	<input style="width: 100%;" type="text"/>
3a) (Add 2 & 3) Total Amount collected for all Licensed Missionaries.						\$
4) Aspirant Missionaries	<input style="width: 100%;" type="text"/>	X	\$	50.00	=	<input style="width: 100%;" type="text"/>
5) Junior Missionaries	<input style="width: 100%;" type="text"/>	X	\$	45.00	=	<input style="width: 100%;" type="text"/>
5a) (Add 4 & 5) Total Amount collected for Aspirants & Juniors.						\$
6) (Add 3a & 5a) TOTAL MONIES COLLECTED						\$ _____
7) Other _____						\$ _____

Please pay this amount to the Credential Committee \$

Please attach Missionary Roll Call form

Have you received all your cards? Yes No

Cards Received by: _____

Signature of person picking up cards

Signature of person issuing cards: _____