(Please Print Legibly)

Pastor's Clergy Title:	
Pastor's Name:	
Home Address:	hurch
City:	C,
State:	Zip:
Telephone Numbers:	
Home:	
Cell:	
Work:	3
Church:	
Pastor's Email Address:	
Church Physical Address:	1033
City:	1733
State:	Zip :
Where do you want your mail to b Home Address or Ch	

Church Email Address:
Church Website:
Pastor's Birthday:
Spouse Name:
Spouse Birthday:
Wedding Anniversary:
<u>Ouestionnaire</u>
1. What is the name of your Diocesan?
2. What is the name of your District Elder?
3. Is your church chartered?YesNo What was the date of the charter?
4. Are you interested in Life Insurance Proposal?YesNo
5. Are you interested in Health Insurance Proposal?YesNo
6. Have you submitted your succession planning plans with our Presiding Bishop & General Secretary?YesNo (If yes, please send a copy to the Office of the General Secretary in a sealed envelope and keep a copy with your important papers.)
7. Did you attend the Fall Pastor's Retreat?YesNo
8. Did you attend the Spring Pastor's Retreat?YesNo

hat else would you like to	see done or taught at the Pastors'	Retreat?
	7	
hat would you like to see	the National do for you and your c	hurch?
) / '
/ 5		
		3
		10.
you have any questions,	comments, or concerns?	
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		20
7		
1 1 0		D
stor's Signature		Date
	1933	
neral Secretary	1755	Date
	Office Use Only	
	File #:	

Please send pages 1 thru 3 of the Pastor's Profile to:

WOTCC International Headquarters
Office of the General Secretary
1800 Hazelwood
Capital Heights, MD 20743

Please send in a separate envelope, a copy of your succession planning plans that were asked in Question #6 to:

WOTCC International Headquarters
Office of the General Secretary
1800 Hazelwood
Capital Heights, MD 20743

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