[WWW.COTBOC.org](http://www.cotboc.org/)

Recipient Acknowledgement form

“Perfecting the body in the unity of the faith”

P.O. Box 468

Frederick, MD 21705

**(240)347-1835**

I, \_\_\_\_\_\_\_\_\_NAME ON FILE\_\_\_\_\_\_\_\_\_ hereby acknowledge that I have received a copy of; Welcome & Initial Instruction Letter, COTBOC Mission Statement, COTBOC Introduction Statement, Ordainment/Consecration Certificate, and Wallet Credential Card. I furthermore acknowledge that I have read and understand the documentation received, and that these documents may be revised or updated as necessary. I also agree to adhere to and always be in compliance with the terms of these statements.

Print First & Last name

Please initial in the space provided to the following:

I agree that I will not leave the covering of COTBOC without formal written notice. \_\_\_X\_\_\_\_

I will not act in any way the will bring negative reflection upon COTBOC or its affiliate organizations. \_\_X\_\_\_\_\_

I will seek the council of the Overseer of COTBOC should I ever be found in fault that may bring negative impact in the ministry I oversee. \_\_X\_\_\_\_\_

I agree to attend the twice monthly leadership trainings and will give forenotice should I not be able to attend that my absence will be excused. \_\_X\_\_\_\_\_

Keep for your records, this form is validated and binding by the electronic submission of your covering agreement otherwise void.

\_VALID WITH ELECTRONIC SUBMISSION\_\_\_\_\_\_\_ SAME AS TRANSMIT DATE\_\_

Signature Date