

## Churches of the Body of Christ Joint College of Bishops 120 St Pauls Rd.

## PETITION TO THE COLLEGE

I, (print name), send th		, send this petition to
		enter into the Office of the Bishop.
DOB:	SEX: RA	CE:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:		
CURRENT MINISTE	RY TITLE:	
PLEASE LIST (3) MI	NISTRY AFFILIATI	ES
NAME:		PHONE:
		PHONE:
NAME:		PHONE:
PLEASE LIST (2) FA		
		PHONE:
NAME:		PHONE:
PLEASE LIST (2) AS	SOCIATES (PREFER	RABLY CO-WORKERS)
NAME:		PHONE:
		PHONE:
By signing below I hereby aut	horize the Joint College of Bis	shops to contact all persons listed and
certify that the information give	en is true to the best of my kr	nowledge. Furthermore, I understand the
contact information will be uti	lized to establish the basis of	my character and therefore will not
		y behalf; and should it be found to be the
case that false testemony has b	been given by my influence th	at I will be automatically disqualified.
SIGNATURE:		DATE:
		nd email to bishop_dyer@cotboc.org.

FORM 105PTC: Petition to the College