Community of Christ

World Community Award

This emblem has been developed by Community of Christ International Headquarters and may be awarded to any Community of Christ member or friend who completes the requirements.

www.CofChrist.org/world-community

Emblem Application
Please fill out this form and print a copy to obtain signatures. Then mail the completed paper form with payment to the address below.

P.R.A.Y.
ATTN: Community of Christ
7827 Town Sq. Ave, #104
O'Fallon, MO 63368

www.praypub.org
314-845-3318
info @praypub.org

Form 08-2026

Award Candidate Information – ***please print***

Name:

Address: City: State/Province:

Zip/Postal: Birth date *(MM/DD/YYYY)*: Grade:

☐ Cub/Boy Scouts *(Unit No.____)* ☐ Girl Scouts *(Unit No.____)* ☐ Other:

Certification

This is to certify that _____ has completed the World Community requirements. We recommend that they be approved for this honor.

Award Completed: ☐ Path of the Disciple ☐ Exploring Community Together ☐ Adult

Mentor Name *(print)*: Date:

Mentor Signature:

Pastor Name *(print)*: Date:

Pastor Signature:

Congregation Name & Address:

Mission Center:

Order Information – *All prices subject to change. See www.praypub.org for updates.*

Item	Quantity	Cost/Per	Subtotal
Certificate *(youth only)*		$1.00	
World Community Youth Medallion/Ribbon		$15.00	
Path of the Disciple Pin		$8.50	
Exploring Community Together Pin		$8.50	
International Youth Service Medallion/Ribbon *(adult only)* *Available by recommendation of pastor or jurisdictional officer*		$45.00	
Award Registration			$1.00
Shipping and Handling Fee			$8.50
Shipping Options – Check One			
☐ Standard Shipping via First Class Mail		*(included)*	N/A
☐ USPS Priority Mail 2-3 days – *(additional fee)*		$8.50	
☐ Expedited *(1-2 days depending on zip code)*		*Pricing at www.praypub.org*	
GRAND TOTAL *(order amount + optional shipping upgrades)*			

Payment Options - ***All orders must include payment in full by check, money order, or credit card***

☐ Check or Money Order (payable to P.R.A.Y.)

☐ Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover

Cardholder Name: Exp. Date: __ __/ __ __

Acct #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ CCV: __ __ __

Billing Address: City:

State/Province: Zip/Postal: Daytime Phone:

Signature: Email:

Shipping Info – ***if different than billing address***

Name: Email:

Address: City:

State/Province: Zip/Postal: Daytime Phone: