Application for Scripture Study

PLEASE PRINT OR TYPE

Full Name: _____
LAST FIRST MIDDLE

Sex: _____ Email Address: _____

Present Address: _____ City: _____

State/Zip: _____ Country: _____

Birthdate: _____ Phone Number: _____

Your marital status: Married? _____ Single? _____ Divorced? _____

Name of Spouse: _____ Number and Ages of Children: _____

Do you attend church regularly? Yes _____ No _____ If so, what church? _____

Are you interested in moving here to fellowship and study verse-by-verse with us? YES ____ NO ____

For correspondence, we have two different ways to take the course. First, we have an online course, where you would go to www.workoftheministry.com and watch the videos, fill out the assignment sheets, and either mail or email them back to us. Secondly is by mail with cd/video and assignment files that are sent back through the mail.

Which would you be interested in?

Online Course? Yes ____ No ____

CD/Video Course By Mail? Yes ____ No ___