



Christian Life Educators Network REGISTRATION FORM

Please enclose a \$25.00 fee with form.

1. Personal Information

Please type or print in black ink.

Full Name: (Maiden)			Last	First	Middle
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss					
Social Security Number:		Mailing Address (Street):			
Date of Birth:		City, State, Zip, Country			
Home Phone ()		Work Phone: ()		Fax: ()	
Employment:				E-Mail:	

2. School Information

If distance education student, check box and skip to Section 3

School ID:		School Name:			
Troutville, VA - TCOGOP		Virginia State School Of Theology			
Mailing Address (Street):		City, State, and Zip		Pastor/Chancellor's Name	
633 Woodlawn Academy Road		Chatham, VA 24531		Stephen Byrd	

3. Method of Payment

Check Number (Payable to Christian Life Educators Network):		Credit Card Type:			
		<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard	
Credit Card Number		CCV*		Credit Card Expiration Date:	
Name on Credit Card:			Cardholder's billing address		

* Must be completed for order to be processed

Student:

Name (type or print)

Signature

Date

For Office Use Only

Do not write below this line.

Center	Amount Paid:	Check #:	Date:	I was referred to by: