KMF Bible Institute Registration Form

Name: _____ Date of Registration: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Occupation: _____

Marital Status: ____ Single ____ Married

In case of emergency call: _____ Relationship: _____
Name Phone

Church affiliation: _____
Church Name

Are you a member of the above church? ____ Yes ____ No

In what ministries are you currently involved at this church? _____

_____

Have you taken any Christian education courses at the post-secondary or seminary level? ____ Yes ____ No

If your answer to the previous question is “yes”, what is the name of the school?

_____
School Name City State

Formal Education (Circle highest grade completed)

High School 9 10 11 12

College 1 2 3 4 Master’s Degree Doctorate

_____
Signature Date

_____
Pastor’s Signature Date

Please enclose a non-refundable registration fee of *$10*