



Christian Life Educators Network REGISTRATION FORM

1. Personal Information

Please type or print in black ink.

Full Name: (Maiden) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		Last	First	Middle
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: RLWCG	School Name: FAYETTEVILLE, NC		
Mailing Address (Street): 1764 BINGHAM DRIVE	City, State, and Zip FAYETTEVILLE, NC 28304	Pastor/Chancellor's Name PAUL B. KEETER, JR.	

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:
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