NEW LIFE INSTITUTE OF MINISTRY DEVELOPMENT COURSE REGISTRATION FORM

(Please Print)

Today's date:							Enrolling Semester:								
STUDENT INFORMAT							TION								
Student's last name: First:				Middle:					Marital status (circle one) Single / Mar / Div / Sep / Wid						
Is this your legal name? If not, what is your legal name?			(Fo	ormer name):				Birth date:			Age:	Sex:			
☐ Yes ☐ No								/			□М	□F			
Street address:		Student ID #			Home	or Ce	ell phone #	≠:							
				Previous Registered Students					()						
P.O. box:		City:				State:			ZIP	IP Code:					
Occupation:	Employer:							Employer phone #:							
							(()					
Church Affiliation:															
PAYMENT INFORMATION Have you previously attended New Life Institute of Ministry Development sessions? \(\mathbb{Q}\) \(\mathbb{N}\) If yes, date(s):															
Have you previously attended	a new Lii	e institute of Ministry Developm	ient	sessions?	I Y L	■ IN	пуе	s, date(S):						
Each course is \$45.															
Members of New Life In Chr	ist Interna	ational Ministries receive 20% di	iscou	unt.											
A \$20 Non-refundable Registration Deposit will be deducted from the course fee.															
Please make payment arrangements with Kimberly Sims, NLIMD Administrator @ 256.457.7072															
COURSE TITLE				COURSE # DATE					COURSE FEE						
COURSE TITLE			OURSE #	UKSE#			DATE			COURSE FEE					
New Life In Christ Internation															
									TO	ΓAL	\$				
□ Payment made on NLICIM website □ \$20 Non-refundable Registration Deposit Enclosed I understand this fee will be deducted from the course fee.						Please return this registration form and deposit to: New Life In Christ International Ministries ATTN: NLIMD 27447 Alberta Drive Harvest, AL 35749-7505									
Student signature							_	Date							