



Registration Form

CENTER: _____ **TERM:** _____ **NEW STUDENT:** _____

NAME: Dr. ☐ Rev. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ _____

ADDRESS: _____ **CITY/STATE/ZIP** _____

DATE OF BIRTH: ____ / ____ / ____ **DAYTIME PHONE #** _____ **HOME #** (____) _____

Email: _____

CHURCH

MEMBERSHIP: _____

Do you hold an office or lay leadership position in your church? Yes ☐ No ☐

If so, what position? _____

COURSE NUMBER	NAME OF COURSE

HOW DID YOU HEAR ABOUT SAMFORD's MINISTRY TRAINING INSTITUTE?

FRIEND ☐ **CHURCH** ☐ **PROMOTIONAL MATERIAL** ☐ **BAPTIST ASSOCIATION** ☐

Mail registration forms to: Samford University 800 Lakeshore Dr. LSW 200 Birmingham, AL 35229

Make checks payable to: Samford University

Tuition is \$50.00/class

Registration Fee: \$10.00 per semester

Registrations must be received no later than 2 weeks prior to beginning of semester. If submitting after deadline please include a \$10 late fee with your payment. Late registrations will not be processed without late fee.

