



## Ministry Development Services

### REGISTRATION FOR INDIVIDUAL CANDIDATE PROGRAM

Name \_\_\_\_\_  
(Last) (First) (MI)

Nickname (if any) \_\_\_\_\_ Race/Ethnic (optional) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Numbers \_\_\_\_\_  
(Home) (Work) (Cell)

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_ Marital Status \_\_\_\_\_ Spouse/Fiancé/Partner Name \_\_\_\_\_

Denomination \_\_\_\_\_ Conference \_\_\_\_\_

I have a physical condition that makes it difficult or impossible for me to climb stairs.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Total years of schooling, including the first twelve \_\_\_\_\_

**I was referred to the Center by:**

\_\_\_ Myself  
\_\_\_ Other: Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Is a written report being requested? \_\_\_\_\_ Yes \_\_\_\_\_ No



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**Fee Policy:** Program fees are due and payable in two parts:

- A. This application and the registration fee are to be submitted no later than fourteen (14) days after the appointment date is selected. **Program dates are not confirmed until the deposit is received.** Please note that the deposit is **non-refundable**. The deposit can be applied to any program re-scheduled within one year of the initial appointment **provided the cancellation is made at least fourteen (14) days prior to the appointment date.** (The only exception to the registration fee requirement is if the judicatory will pay your entire fee. See B. below.)
- B. **The balance of the program fee is due and payable at the time of the program, except any portion that is to be paid by the judicatory (Conference) Only judicatories will be billed.**
- C. If your church or another individual is contributing any portion of the program fee, please have **checks made payable to: Ministry Development Services.** Or you may pay by MasterCard, VISA or American Express. **Payments of any portion of the fee are due on or before the first appointment.**
- D. Even if a judicatory, a church, or another individual will be paying for part or all of your fee, it is your responsibility to assure that all non-billable fees are paid on or before the day of your program. If checks are mailed, please make sure that they arrive in the office before the day of your program.

**I am responsible for the program fee of \$ \_\_\_\_\_ and hereby accept that responsibility.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_