



Ministry Development Services

REGISTRATION FOR INDIVIDUAL CANDIDATE PROGRAM - METHODISTS

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



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

- A. This application and initial deposit of **\$210.50** are to be submitted at the time of registration. (Or, the entire amount can be paid at once.) **Program dates will not be 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 counselor appointment **provided the cancellation is made at least fourteen (14) days prior to the appointment date.**
- B. **The balance of the program fee of \$210.50 is due and payable at the time of your testing appointment. However, if you are attending a retreat, the entire fee is due prior to attending the retreat.**
- 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 "MDS"),** or you may pay by MasterCard or VISA. **Payments of any portion of the fee are due before your testing appointment or prior to attending a retreat.**
- D. Even if a judicatory, a church, or another individual will be paying for part or your entire 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 \$ 421.00 and hereby accept that responsibility.

Signature _____ **Date:** _____