



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: Your share of the Program Fee is due and payable prior to scheduling your Counselor interview.

- A. 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 it may be paid via MasterCard or Visa.
- B. Even if a church, individual or another entity will be paying for part or your entire fee, it is your responsibility to assure that all non-billable fees are paid before your interview is scheduled.

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

Signature _____ **Date:** _____