

Heart of America Council of Churches REGISTRATION FORM



TITLE: _____

| | |
|-----------------------|---|
| LAST NAME | FIRST NAME |
| ADDRESS | CITY/STATE/ZIP |
| HOME PHONE | CELL PHONE |
| BUSINESS PHONE | EMAIL ADDRESS - (circle your choice State or All info) |

| |
|---|
| CHURCH NAME |
| PASTOR'S NAME |
| CHURCH ADDRESS City/State/Zip |

REGISTRATION INFORMATION

| | | |
|---|----------------------------------|-----------------------------------|
| GENERAL BODY <small>Pastor-\$10 Minister-\$7 Lay Member - \$5</small> | CHRISTIAN EDUCATION - \$5 | HEALTH PROF - \$5 |
| MEN'S MINISTRY - \$5 | MINISTER'S WIVES - \$5 | USHERS - \$5 |
| WOMEN'S MINISTRY - \$5 | YOUNG PEOPLE - \$5 | MINISTERIAL ALLIANCE - \$5 |
| HACC Chairman Offering - | | |

Region 1 _____ Region 2 _____ Region 3 _____ Region 4 _____

GRAND TOTAL _____

Amount Paid _____ Cash _____ Office Use Only
Check/Money Order # _____