REGISTRATION FORM
WILBORN TEMPLE COGIC
DISCIPLESHIP CLASS

Name: _____

Street Address: _____

City and State _____

Home phone: _____ Cell phone: _____

Are you a member of Wilborn Temple? ☐Yes ☐No

If yes, when did you join: _____

If no, are you a member of another church? ☐Yes ☐No

If yes, where: _____

Have you accepted Jesus Christ in your life? If yes, briefly tell us about conversion experience:

_____

_____

_____

_____

_____

_____

_____

By completing this form you are agreeing to attend and complete the five-week discipleship class.

_____ _____

Signature Date