

ZION CONGRESS OF CHRISTIAN EDUCATION
Deacon Leo Moore, President
Deacon Kenneth Smith, Vice President
Dean Kathy Morgan, Dean

CHURCH REGISTRATION

DATE _____, 20_____

NAME OF CHURCH: _____

ADDRESS: _____

CHURCH MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PASTOR: _____

PASTOR'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERINTENDENT: _____

SUPT.'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH E-MAIL ADDRESS: _____

CHURCH TELEPHONE: _____ FAX: _____

CHURCH REGISTRATION IS \$100.00

PLEASE SEND ALL INFORMATION AND MAIL TO:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

Church Registration: _____ Building Fund: _____

Debt Free In Three: _____ Pledge: _____

Special Offering: _____