

CHRISTIAN CHURCH IN INDIANA
COMMISSION ON MINISTRY
CURRENT CLASS INFORMATION

NAME _____ DATE _____

EMAIL ADDRESSES: () _____ () _____
(please check Preferred)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ PAGER _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME REGION _____

HOME CONGREGATION _____

I DESIRE TO BE "Under Care" OF THE INDIANA REGION. _____ YES _____ NO

IF NO, I WILL BE "Under Care" OF THE _____ REGION

PROJECTED COMPLETION DATE _____

SIGNATURE _____

My Tuesday Schedule this Semester is: _____
