**Clergy Badge Registration Form**

|  |  |  |
| --- | --- | --- |
| **Last Name** |  |  |
| **First Name** |  |  |
| **Address** |  |  |
| **City** |  |  |
| **State** |  |  |
| **Zip** |  |  |
| **Church/Congregation** **Name** |  |  |
| **Denomination/Affiliation** |  |  |
| **Your Title** |  |  |
| **Ordained (Y/N)** |  |  |
| **Church Phone** |  |  |
| **Personal Phone** |  |  |
| **Congregation Website** |  |  |
| **Congregation Email** |  |  |
| **Personal Email** |  |  |
| **I have reviewed the clergy guidelines and agree to abide by them (Signature & Date)** |  |  |
| ***FOR OFFICE USE ONLY*** |  |
| ***Card No. (front)*** | **N/A** |  |
| ***Card No.(back-first 5 digits)*** |  |  |
| ***Entered by & Date*** |  |  |