

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		