

The Center for Career Development and Ministry  
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## Registration Form

### Samuel D. Proctor School of Theology Formation for Ministry Program

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Init.

Address \_\_\_\_\_  
Street City State Zip Code

Email Address(s) \_\_\_\_\_

Tele: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

**Please check your Denominational Affiliation:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A.M.E               | <input type="checkbox"/> Regular Baptist     | <input type="checkbox"/> Episcopal          |
| <input type="checkbox"/> A.M.E.Z             | <input type="checkbox"/> Missionary Baptist  | <input type="checkbox"/> Lutheran           |
| <input type="checkbox"/> C.M.E               | <input type="checkbox"/> National Baptist    | <input type="checkbox"/> Presbyterian       |
| <input type="checkbox"/> C.O.G.I.C           | <input type="checkbox"/> Southern Baptist    | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Church of God       | <input type="checkbox"/> Progressive Baptist | <input type="checkbox"/> United Methodist   |
| <input type="checkbox"/> Pentecostal         | <input type="checkbox"/> American Baptist    | <input type="checkbox"/> Non-denominational |
| <input type="checkbox"/> Seven Day Adventist | <input type="checkbox"/> Other _____         |   |

Lay  Candidate  Licensed  Ordained

Date First Enrolled at Samuel Proctor School of Theology \_\_\_\_\_

**\*\*\*Upon receipt of this registration, login and password data for online testing will be emailed\*\*\***