

~Return Attendee~

Woman 2 Woman Mentoring Institute

P.O. Box 700 / Cordova, Tennessee 38088
Phone: (901) 755-1540 ext. 100 / Fax: (901) 737-7953

(Keep page 1 for your information)

Application for Previous Attendee

Please fill out page 2 & 3 and return it to the address below Attn: Pastor Darlene McCarty along with your \$50 deposit. If you are using a Credit Card you can either fax or mail this application to the address below.

Keep page 1 for your records.

Tuition: \$125

(Includes all ministry material & meals)

A non-refundable but transferrable deposit of \$50 must accompany this application.
Remaining \$75 – 30 days prior to the beginning of class.

For More Information

Woman 2 Woman Mentoring Institute

Attn: Pastor Darlene McCarty

P.O. Box 700

Cordova, Tennessee 38088

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(Return page 2 & 3 with deposit)

Today's Date _____

Personal Information

Full Legal Name _____

Name You Wish To Be Called _____

Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Fax _____

Work Phone _____ Cell Phone _____

E-mail Address _____ Age _____

Current Occupation _____ Marital Status _____

Spouse's Name _____

Church Information

Present Church Membership _____

Specific Denominational Affiliation (if any) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Senior Pastor _____

Years Attended _____

Do you still feel a definite call to ministry? ____ Yes ____ No ____ Full-Time ____ Part-Time

If yes, to what field of ministry do you feel called? _____

Current Position held in the church you presently attend _____

Please state any type of NEW Christian service in which you have been involved within since you last attended W2WMI.

What is your primary spiritual gifting? (Ex: teaching, prophecy, intercession, organization, armor-bearer, serving, etc) _____ 3

Financial Information

Who will be responsible for the payment of your tuition? _____

FILL IN ONLY IF DIFFERENT THAN YOURSELF:

Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____

Cell _____ E-mail _____

Payment

Deposit payment: _____ Cash _____ Check _____ Credit Card Amount: _____

Remaining Balance Payment: _____ Cash _____ Check _____ Credit Card

60 days prior to W2WMI Amount: _____ 30 days prior to W2WMI Amount: _____

_____ Visa _____ MasterCard _____ American Express _____ Discover

Credit Card Number: _____ Expiration Date: _____

Security #: _____

Billing Address if different than address listed above or on page 1.

First Name _____ Last Name _____

Address City _____ State _____ Zip _____

Signature

I hereby certify that the information given on this application is, to the best of my knowledge, true and factual. I understand that any false statement made on this application is automatic grounds for rejection or denial from The Woman 2 Woman Mentoring Institute.

Signature _____ Date _____