

# Lay Servant Ministries Application

Name: \_\_\_\_\_ Local Church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

*This is a universal application form for all Crossroads District LSM Classes*

***All needed course information found on Course Curriculum Sheet.***

*Please indicate the course you intend to take:*

\_\_\_\_\_

*Last class taken/Date/Instructor*

\_\_\_\_\_

*Select One:*

\_\_\_\_\_ *I wish to develop skills needed in ministry  
and do not wish to become a Certified Lay Speaker*

\_\_\_\_\_ *I wish to be approved for courses in Certified Lay Speaking*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Application and payment (\$15 per class) due at registration.

Payable to: **UNYAC.**

Send both to Robert Mueller, 4432 Lathrop Dr. , Marcellus NY, 13108