

Lay Servant Ministries Registration

Name: _____ Local Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ E-Mail: _____

This is a universal registration 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 _____

Pastor'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