



Instant **Church Directory™** Online

ENROLLMENT FORM

Last Name: _____ First Name: _____

Address: _____

City _____ State _____ Zip _____

Cell Phone _____ - _____ - _____

Home Phone _____ - _____ - _____

Work Phone _____ - _____ - _____

Allow text messages? _____ YES _____ NO

Email _____ @ _____

Allow email messages? _____ YES _____ NO

BIRTH DAY _____ / _____ / _____ (year not required)

Show birthday in directory? _____ YES _____ NO