

APPLICATION FOR DEACON TRAINING ACADEMY

UNION MISSIONARY BAPTIST ASSOCIATION, INC.

POST OFFICE BOX 1042
FAYETTEVILLE, NC 28302-1042

Name _____
Last Name First Name Middle

Address: _____

City _____ State _____ Zip Code _____

Daytime Phone: _____ Evening Phone: _____

E-MAIL Address: _____

Please give your date and place of birth: _____

Marital Status (Circle) Married Single Divorced Separated

Indicate the highest grade you have finished in school _____

Did you graduate? ___ Yes ___ No

List any college, university, or seminary you have attended

Did you graduate? ___ Yes ___ No Degree Earned _____

Current Church Membership (Name and Address)

Pastor's Signature _____

Signature of Pastor authorizes you to enter this class

Signature of Applicant _____

The application must have a class fee (\$125.00) attached to make the application complete and allow entrance to the class.