

Five-Fold Development Institute

(Greater Works Ministries)

Apostle Dr. Carmen Lattimore, President

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Registration Form

Fall Semester (year) _____/Spring Semester (year) _____ Year: 1st ___ 2nd ___ 3rd ___ 4th ___ GS ___

School of Ministry (SOM) _____ School of Spiritual Warfare (SSW) _____ School of the Prophet (SOP) _____

ON-LINE CLASS _____

Name: (please print)

_____ Last _____ First _____ MI _____

Address _____

_____ City _____ State _____ Zip _____

Phone Number: Home: (____) _____ Work: (____) _____ Ext. _____

Email Address: _____ Mobil #: (____) _____

Date of Birth (mm/dd/yy): _____ Social Security Number: _____ - _____ - _____

Emergency Contact

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Allergies: _____

Physical Handicaps: Yes _____ No _____ (If yes, please describe)

Church Affiliation

Church Name: _____ Pastor: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____

Office Use Only

Registrar Signature: _____ Date: _____

Payment: Full _____ Partial (amount) _____ Payment Plan _____

Enrollment Form

Name: _____

Module	Course	On-line class <small>(Please check if it is on-line)</small>	School <small>(School of Ministry (SOM), School of the Prophet (SOP) or ...)</small>

Please mail/email complete registration form to:

Greater Works Ministries
c/o Shirley Jackson, Registrar
9304 Allentown Road
Fort Washington, MD 20744

gwm-victory@msn.com