REGISTRATION FORM



Full Name	:
Address	:
City	: State: Zip Code:
Phone Number	:
Email Address	:
	(OnSolve) to distribute important church
information. Please s	elect <u>one</u> of the options below.
I already receive	e the OneCall Messages.
Please add my p	phone number (listed above) to the OneCall List.
I do not wish to	receive OneCall phone messages.
Help us ensure that o	our records are up to date. Please select <u>one</u> :
I already consid	er myself a member of Sheridan Forest Worship Center.
I would like to b	ecome a member of Sheridan Forest Worship Center.
I enjoy attendin	g, but I am not interested in membership at this time.
Date	:
Signature	: