KEM International Bible College

301 S. Church Street (Suite 270), Rocky Mount, NC 27804 PH: (252) 446-0842 FAX: (252) 446-0859



Student Registration Form

1. Personal Inform	☐ Check if you are a returning student							
Last Name: First		Name: Middle Name:			ne: I	Maiden Name:		
Social Security Number:			Mailing Address (Street)					
City, State, Zip, Country	/							
Home Phone	Cell Phone			Date	Date of Birth			
Employment:				Ema	Email:			
2. School Informat	ion							
School ID: Greenville, NC KEM IBC		School Name: KEM International Bible College						
Mailing Address (Street):		City, State, and Zip			Past	Pastor/Chancellor's Name		
301 S. Church St (Suite 270) Rocky Mount, NC 27804		301 S. Church St. (Suite 270) Rocky Mount, NC 27804) Cha	Chancellor Emma Speaker Dickens		
3. Method of Payment		(Submit payment to the local school)						
Check Number:		Credit Card Type:						
		□ Visa		■ MasterCa	ırd	☐ America	an Express	
Credit Card Number:		CCV*						
Name of Credit Card:								
					•			
Print Your Name		Signature)		Date	
For CLEN Office U Member School:		Check #		Date:		Referred by:		
Member Concor.	Amount Paid:		OHEOR #		Date.		Titleffed by.	