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 Information** |  □ Check if you are a returning student |
| --- | --- |
| Last Name: First Name: Middle Name: Maiden Name: |
| Social Security Number: | Mailing Address (Street) |
| City, State, Zip, Country |
| Home Phone( )  | Cell Phone( )  | Date of Birth / / |
| Employment: | Email: |
| **2. School Information** |  |
| School ID:Greenville, NC KEM IBC | School Name: KEM International Bible College |
| Mailing Address (Street):301 S. Church St (Suite 270)Rocky Mount, NC 27804 | City, State, and Zip301 S. Church St. (Suite 270)Rocky Mount, NC 27804 | Pastor/Chancellor’s NameChancellor Emma Speaker Dickens |
| **3. Method of Payment** | (Submit payment to the local school) |
| Check Number: | Credit Card Type:□ Visa □ MasterCard □ American Express  |
| Credit Card Number: | CCV\* | Credit Card Expiration Date: |
| Name of Credit Card: | Cardholder’s Billing Address: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Your Name Signature Date

| **For CLEN Office Use Only** |
| --- |
| Member School: | Amount Paid: | Check # | Date: | Referred by: |