



Rhema Studies of Theology Association
Rhema Studies of Theology Association
Biblical Training

HOME STUDY PROGRAM

REGISTRATION FORM
(PLEASE PRINT)

Date: _____

Title: Rev. Evangelist Missionary

Last Name: _____ F ___ M ___

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Province: _____

Postal Code: _____

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Home Phone: _____ Cell: _____

Email Address: _____

Church Name: _____

Pastor's Name: _____

Church Phone: _____

Program: (Please select one) Certificate: ___ Diploma: ___

Date: _____ Sign: _____

Please Note: Non-refundable registration fee of \$50.00 is required for each program with completed application form. RSOTA Office Number: 647 498-7425, www.rsota.org, email, dr.lewis@rsota.org