

**Application Form**

**Date**: Click here to enter a date.

**Last Name**: Click here to enter text.

**First Name**: Click here to enter text.

**Street Address:** Click here to enter text.

**City**: Click here to enter text.

**Province**: Click here to enter text. **Postal Code**: Click here to enter text.

**Email**: Click here to enter text. **Phone**: Click here to enter text.

**Church Name**: Click here to enter text.

**Pastor’s Name**: Click here to enter text.

**Church Phone**: Click here to enter text.

**Program, Please select one**, Certificate: [ ]  Diploma: [ ]

**Terms and conditions Accepted**: [ ]  Declined: [ ]

***Please Note: Non-refundable registration fee of $75.00 is required Per Program with completed application form.***

***Save the completed application form and email as a Word Document to dr.lewis@rsota.org.***

**Zoom program please use this email** **dr.lewis@rsota.org** **to e-transfer application fee of 75.00, and all other Fees.**

**Home Study Program please use this email** **everald1045@gmail.com** **to e-transfer application fee of 75.00, and all other Fees.**