

L & M MINISTRIES, INTERNATIONAL, INC.

- ENROLLMENT/APPLICATION FORMS FOR PARTICIPANTS **IN EITHER OF LMMI's 3 "ON-LINE MINISTRIES:"**

Please Circle **ONE** Ministry DESIRED

1) THE MEDIA MINISTRY

2) THE MEDIA CHURCH

3) THE NETWORK OF AFFILIATED CHRISTIAN PASTORS

THEN COMPLETE, THEN TOMORROW please POSTAL MAIL this

GENERAL ENROLLMENT/APPLICATION FORM to:

Dr. Loretta C. Johnson

L& M Ministries, International, Inc. – P. O. Box 1284 - Hampton, VA 23661

For DETAILED, SPECIFIC INFORMATION, see 1) www.lcj-lmmi.org/services

2) www.lcj-lmmi.org/facebook

YOUR CONTACT INFORMATION:

Telephone #1: _____; Telephone #2: _____

YOUR U.S. ADDRESSES (for me to you – to protect your confidentiality):

U.S. Postal Mailing: _____

Text: _____

Website: _____

Other: _____

Please Print Your Name/Name of Spouse: _____

Your Signature/Spouse's Signature: _____ Date: _____

Page 2.

PAGE 2 IS FOR: 1) MEDIA CHURCH MINISTRY & 2) MEDIA MINISTRY PARTICIPANTS (As "PARENT LEADERS OF CHILDREN RESIDING IN YOUR HOME).

PLEASE COMPLETE, then enclose with your Enrollment/Application Form:

First Names, ages, and grades of children who reside in your home:

CHILDREN	AGE	GRADE/COLLEGE YEAR
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1)		
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2)		
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3)		
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4)		
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5)		
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FOR: 1) OTHER PERSONS WHO RESIDE IN YOUR HOME; 2) PERSONS IN YOUR NEIGHBORHOOD/COMMUNITY/OR OTHERS DESIRING PARTICIPATION OF WHOM YOU ARE ASSUMING LIABILITY.

Indicate FIRST NAME and AGE:

1)		
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2)		
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3)		
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(following this format, please add additional sheets, as needed

NOTE: "AGE" gives age-appropriateness of information we may dispense. Thanks!

CLARIFICATION: LMMI ASSUMES NO LIABILITIES OF ANY MANNER NOR ANY KIND THAT TRANSPIRE IN ANYONE'S HOME NOR SUPERVISION.

Page 3. This page is for

Participants of THE NETWORK OF AFFILIATED CHRISTIAN

PASTORS: (Please complete, then enclose with Enrollment/Application Form, page 1.)

Name of Church Organization, etc.:_____

Name of Church You Pastor:_____

Address of Church you Pastor:_____

Other U. S. Church Postal Mailing Address, if you desire:_____

Any other U. S. Contact Addresses, if different from previous:

Other Information you wish to include:_____

Requests:_____
