



Church Membership Verification Form

For Members & Regular Attendees

To be Completed by Church Member/Regular Attendee

(Print Clearly in

NAME: _____ DOB: _____ DATE: _____
LAST FIRST MM/DD/YYYY MM/DD/YYYY

HOME ADDRESS: _____
STREET CITY/STATE/ZIP

EMAIL: _____ HOME PHONE: _____ MOBILE PHONE: _____

WORK PHONE: _____ EXT: _____

To receive the Pillar College partnering church member tuition discount, this form must be returned to Pillar College two weeks prior to the first day of the first class; after which the applicant will be charged the non-Church Partnering member rate.

To be Completed by Church Official

Dear Pastor/Church Official,

By signing this form, you are affirming that the applicant listed above is a member or regular attendee of the church listed below and that the information stated herein is correct.

MEMBER/ATTENDEE STATUS:

☐ MEMBER

☐ REGULAR ATTENDEE

OF YEARS KNOWN _____

CHURCH NAME: _____ DATE: _____

SENIOR PASTOR'S NAME: _____

CHURCH ADDRESS: _____
STREET CITY/STATE/ZIP

PHONE: _____ EXT: _____

NAME & TITLE OF INDIVIDUAL COMPLETING FORM: _____

EMAIL: _____ SIGNATURE: _____

**This form must be emailed or faxed from an official church email address or fax number.
Forms sent from a personal email address or a non-church fax number will not be accepted.**