



## 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.**