

# PERSONAL INFORMATION

Thank you for taking a moment to fill out the personal information form below. For your convenience, this form may be folded, sealed, and mailed to Crown Financial Ministries postage paid (see the back of this form). To help save postage and processing costs, you may also fill out this form online at [www.crown.org/piform.asp](http://www.crown.org/piform.asp). Date: \_\_\_\_\_

## YOUR INFORMATION

Please Print

|                                                                                                                                                                                             |                           |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|
| I AM A: <input type="checkbox"/> STUDENT <input type="checkbox"/> CO-LEADER <input type="checkbox"/> LEADER                                                                                 | BUSINESS TITLE/OCCUPATION |                 |
| YOUR TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> REV     |                           |                 |
| YOUR FIRST NAME                                                                                                                                                                             | YOUR LAST NAME            |                 |
|                                                                                                                                                                                             |                           |                 |
| SPOUSE IS A: <input type="checkbox"/> STUDENT <input type="checkbox"/> CO-LEADER <input type="checkbox"/> LEADER <input type="checkbox"/> NONPARTICIPANT                                    | BUSINESS TITLE/OCCUPATION |                 |
| SPOUSE'S TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> REV |                           |                 |
| SPOUSE'S FIRST NAME                                                                                                                                                                         | LAST NAME                 |                 |
|                                                                                                                                                                                             |                           |                 |
| YOUR HOME ADDRESS                                                                                                                                                                           |                           |                 |
|                                                                                                                                                                                             |                           |                 |
| CITY                                                                                                                                                                                        | ST/PROV                   | ZIP/POSTAL CODE |
|                                                                                                                                                                                             |                           |                 |
| COUNTRY                                                                                                                                                                                     |                           |                 |
|                                                                                                                                                                                             |                           |                 |
| HOME PHONE                                                                                                                                                                                  | WORK PHONE                |                 |
|                                                                                                                                                                                             |                           |                 |
| E-MAIL ADDRESS                                                                                                                                                                              |                           |                 |
|                                                                                                                                                                                             |                           |                 |

## CHURCH INFORMATION

|                |         |                 |
|----------------|---------|-----------------|
| CHURCH NAME    |         |                 |
|                |         |                 |
| CHURCH ADDRESS |         |                 |
|                |         |                 |
| CITY           | ST/PROV | ZIP/POSTAL CODE |
|                |         |                 |
| COUNTRY        |         |                 |
|                |         |                 |

## LEADER INFORMATION

|                          |           |
|--------------------------|-----------|
| YOUR LEADER'S FIRST NAME | LAST NAME |
|                          |           |
| CO-LEADER'S FIRST NAME   | LAST NAME |
|                          |           |

PERSONAL INFORMATION

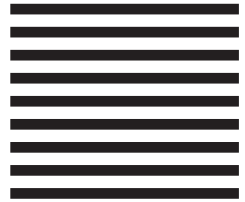


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 95 GAINESVILLE GA

POSTAGE WILL BE PAID BY ADDRESSEE

Crown Financial Ministries  
PO Box 100  
Gainesville GA 30503-9931



*Fold here*

*Fold here*