



Application for Church Member Discount

Applicant's name(s) _____
(Parent or legal guardian)

Address: _____

Phone number: _____

Email Address: _____

Please list the names and ages of children who will attend FBC Weekday Education along with the program you wish for them to attend and the desired number of days.

Name:	Age:	Program:	Days:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How long have you been a member of FBC Augusta? _____

Do you regularly attend Sunday morning worship at FBC Augusta? _____

How are you currently serving at FBC Augusta? _____

What other ways would you like to serve? _____

Signature of Applicant: _____ Date: _____