EMMANUEL CHRISTIAN LEADERSHIP AND TRAINING INSTITUTE, INC.

ENROLLMENT FORM

First Name
Last Name
Address
City
State
Zip
Phone Number
Church Name (if applicable)
Pastor's Name (if applicable)
Are you: Lay Worker/Ministry Licensed Ordained
How did you hear about ECI?
Do you have a desire to attend seminary?
YesAttended already or are currently attending seminaryNo
I would like to register for the following Academic Program: Accelerated Biblical Studies (\$250/individual or \$1000 for church/group training

 Academic Program I – Certificate in Theology and Biblical Studie course) 	s (\$150 per
Academic Program II – Diploma in Leadership and Pastoral Studi course)	es (\$150 per
By checking the box below, I understand that upon registering in this have made a commitment to pay the costs of each class in full and the will be issued until full payment is received.	
☐ I understand.	
Signature	
Date	

Please email a signed copy of this form to info@eclti.org.