**Memorial Education Society Enrollment Form**

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Secretary Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

Name of person to be enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One In Honor In Memory

Enrollees Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Enrollees Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person to be enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One In Honor In Memory

Enrollees Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Enrollees Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this form and $20 per person to: Women’s Ministries

100 Stinson Dr.

Poplar Bluff, MO 63901

**All forms must be received by April 1, to be included in the coming year’s Conference Booklet at Summit.**