

REGISTRATION FOR T.R.I.B.E. CREDIT PROGRAMME

If you want to work for a diploma (taking 15 T.R.I.B.E. courses), please fill in below and send to NBC.

(Please Print)

NAME _____

ADDRESS _____ PC _____

PHONE _____ EMAIL _____

DATE OF BIRTH _____

(MONTH)

(DAY)

(YEAR)

1. Why do you wish to study the Bible through T.R.I.B.E. Courses?

2. Explain how and when you became a Christian.

3. What church do you attend?

4. Give the name, address and phone number of a pastor or friend we could contact for a reference.

NAME: _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

Signature: _____

Date: _____

If you have not previously filled out this form, please complete and mail to:

NATIVE BIBLE CENTRE
6145 Mowatt Street
Wardner, BC V0B 2J0
CANADA

Toll Free 1-866-70TRIBE (708-7423)
info@NativeBibleCentre.org
www.NativeBibleCentre.org
FAX: 250-665-8022