

Fellowship Club Enrollment

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Home Church: _____

Yearly: __ \$175 __ \$200 __ \$250 __ \$300 __ \$400 __ \$500 __ \$ _____

Monthly: __ \$15 __ \$20 __ \$25 __ \$30 __ \$35 __ \$40 __ \$50 __ \$ _____

Mail to Person to Person Ministries ~ P.O. Box 39 ~ Hillsboro, OH 45133