SOMBI COURSE REGISTRATION FORM

Name:_____

Address:_____

City: _____ State:_____ Zip: _____

Country:_____

Phone: _____ Email: _____

Course: _____ Units:_____

Course: _____ Units:_____

Course: _____ Units:_____

Total Units:_____

Course Fees: ($40 per unit)

$40 x _____ Units = $_____ Total Fee

Choose Method of Payment

Check or Money Order (Make payable to “Beth Israel Messianic Community Int’l”)

PayPal (Use website: www.ncmmi.20m.com and click on “Donate” button)

Zelle (Use Zelle Email: bimci777@gmail.com)

Return Admission Application:

By Mail:
SOMBI c/o BIMCI
4040 S. Tyler St., #10A
Tacoma, WA 98409

By Email:
bimci777@gmail.com