

SOMBI COURSE REGISTRATION FORM

Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: USA or Other (If Other Give Country Name): _____

Phone: _____ Email: _____

Course Name: _____ Units: _____

Course Name: _____ Units: _____

Course Name: _____ Units: _____

Total Units: _____

Course Fees: (\$40 per unit)

\$40 x _____ units = \$ _____ Total fees

Choose Method of Payment:

Check or Money Order (Make payable to “New Covenant Messianic Ministries”)

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

Cash App (Use Cash App Code: \$NCMMI)

Return Course Registration Form:

By Mail:

SOMBI c/o NCMMI
4040 S. Tyler St., #18
Tacoma, WA 98409

By Email: ncmessianicmin@juno.com