

RMI CHARLOTTE – NEW HERE FORM

Personal Information

Full Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City/State: _____

Additional Information

Marital Status: _____

Number of Children (if any): _____

How did you hear about RMI Charlotte?

Spiritual Information

Are you a born-again Christian? Yes No

Do you have a church home? Yes No

If yes, name of church: _____

Prayer Requests / Comments

Signature: _____ Date: _____