



**CIRCLE OF SPIRIT  
REGISTRATION FORM**

*(Please Print)*

**Today's Date**

**MEMBER INFORMATION**

Last Name		First	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
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City of Dayton Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cable Subscriber <input type="checkbox"/> Yes <input type="checkbox"/> No	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Street Address		Birthday / /	Home Phone No. ( )
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City	State	ZIP Code
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Occupation	Employer Name / Phone	Your E-Mail Address
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How did you hear about DATV?

Radio  Television  Newspaper  Family  Friend  By Watching DATV  Yellow Pages  Internet  Billboard  
 Other \_\_\_\_\_

**TYPE OF MEMBERSHIP**    New or  Renewal

**Circle of Spirit**  
**\$250**

Amount Paid: \_\_\_\_\_ Staff Signature \_\_\_\_\_

**CHURCH INFORMATION**

Name:	Address	Phone No. ( )
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Pastor/Priest/Bishop's Name:

Service Dates & Times:

Requested Church Information    Pastor Picture    Logo    Church Picture

**Secondary Membership Information (They must fill out separate membership form)**

Name:	Phone No. ( )
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The above information is true to the best of my knowledge. I understand that I am financially responsible for any damage to DATV's equipment or facilities that may occur while it is in my care. And I agree to abide by DATV's Rules and Regulations.

**X** Member Signature \_\_\_\_\_ Date \_\_\_\_\_