

Moms & More
 ATLAS MINISTRY, Inc.
 1560 South Main Street
 Greensboro, GA 30642

nesial@atlasministryinc.org
angel@atlasministryinc.org

MOMS & MORE REGISTRATION FORM

Thank you for your interest in Moms & More! We would love to know more so we can serve you best. Please fill out the following info and return to our office.

Name <small>(Last, First, M.I.):</small>		DOB:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Mobile Phone Number:	Email Address:	
Preferred form of Contact:	<input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Direct Message <input type="checkbox"/> Email	
Do you have children? If so please list name and age:		

What type of resources interest you? Faith Life Mentoring Relationships Parenting Forgiveness

What areas of life do you seek input from Moms & More:	<input type="checkbox"/> Knowing my Purpose	<input type="checkbox"/> Self-Worth
	<input type="checkbox"/> Walking in Purpose	<input type="checkbox"/> Helping other Women and Girls
	<input type="checkbox"/> Bible study	<input type="checkbox"/> Discipleship

What additional topics and issues would you like to discuss?

How can we help? (Check as many that apply)

I would love to learn more about Christ	<input type="checkbox"/>
I would love more resources to build my faith	<input type="checkbox"/>
I would love to mentor others (friendship)	<input type="checkbox"/>
I would love to teach small life groups	<input type="checkbox"/>
I would love to learn more about being a mom	<input type="checkbox"/>
I would love to learn areas to serve my community	<input type="checkbox"/>
I would love to learn more about leadership	<input type="checkbox"/>
I would love to connect with more women like myself	<input type="checkbox"/>
Thank you for joining our Moms & More team. Someone from Moms & More will contact you soon. Please give us your address:	<input type="checkbox"/>

Address:	City:	Zip Code:
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