

Old Bethel College of the Bible
Enrollment Application Adult Education Certificate Program

Print legibly. Illegible applications will be returned.

Name :(Last) _____ (First) _____

Address: _____

Phone: _____

E-Mail: _____

Home Church: _____

You may deliver this application directly to Old Bethel Baptist Church or mail to:

Old Bethel Baptist Church
P.O. Box 987
Chickamauga, GA 30707
Attn: College of the Bible

*Fee's and Tuition due before 1st class of the Quarter. Please make checks payable to
Old Bethel College of the Bible*