

Please complete and scan to FAST with your financial information. If you would like to submit the form as a PDF please contact FAST customer service at 1-877-326-3278.

Cornerstone Church Member
Discount Application

Cornerstone Church Member Discount. To be eligible for the discount you must:

- Be a member in good standing with Cornerstone Church
 - Have completed the Discover The Difference class
 - Be consistent in attendance
 - Be faithful with tithing and giving
- Be involved and supportive of Cornerstone Church

Please Print										CHURCH RELATIONSHIP										
Parents or Legal Guardians	#1						#2													
		First Last						First Last												
Address																				
	Street					Apt. #			City				State			Zip				
Contact Phone	()					()					()					()				
	Home					Cell					Work					Other				
Member of Cornerstone Church #1 <input type="checkbox"/> Yes <input type="checkbox"/> No										Member of Cornerstone Church #2 <input type="checkbox"/> Yes <input type="checkbox"/> No										
Attended Discover the Difference #1 <input type="checkbox"/> Yes <input type="checkbox"/> No										Attended Discover the Difference #2 <input type="checkbox"/> Yes <input type="checkbox"/> No										

Students Enrolling in CCS

First	Last	Relationship	Grade Entering	New Enrollee?	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

Other family members that attend Cornerstone Church

First	Last	Relationship to Student

Both sides must be completed.

CHURCH INVOLVEMENT	
Connect Groups	
Leader of Group	Phone number

Which services do your family attend regularly:

<input type="checkbox"/> 8:30 a.m.	<input type="checkbox"/> Cornerstone Kids	<input type="checkbox"/> Early Childhood Ministry
<input type="checkbox"/> 11:00 a.m.	<input type="checkbox"/> Middle School Ministry	<input type="checkbox"/> College and Career

<input type="checkbox"/> 6:30 p.m. <input type="checkbox"/> Iglesia Cornerstone <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">Name of Service</div>	<input type="checkbox"/> High School Ministry <input type="checkbox"/> Sunday School <input type="checkbox"/> Women's Bible Study
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Mark the areas in which you and your family have been involved over the past 12 months. **Please include who we may contact for verification (required).** Check all that apply

Church-Wide Ministries <input type="checkbox"/> Deaf Ministry _____ <input type="checkbox"/> Usher Core _____ <input type="checkbox"/> Greeter _____ <input type="checkbox"/> First-time Visitor Corp _____ <input type="checkbox"/> Parking Lot Attendant _____ Adult Ministries <input type="checkbox"/> Men's Ministry _____ <input type="checkbox"/> Connect Group Facilitator _____ <input type="checkbox"/> Prison Ministry _____ Special Events <input type="checkbox"/> Serving _____ <input type="checkbox"/> Decorations _____ Other Volunteer Areas <input type="checkbox"/> Youth & C3 Ministry _____ <input type="checkbox"/> Embrace Women's Ministry _____ <input type="checkbox"/> Hagee Ministries _____ <input type="checkbox"/> CUFI _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Pastoral Ministries</td> <td style="width: 50%; text-align: right;">Contact Name</td> </tr> <tr> <td><input type="checkbox"/> Ministry of Helps</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Funeral Receptions</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Visitations (hospital, nursing, home)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Angel Tree</td> <td style="text-align: right;">_____</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Music Ministries</td> <td style="width: 50%; text-align: right;">Contact Name</td> </tr> <tr> <td><input type="checkbox"/> Adult Choir</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Children's Choir</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Theatrical Arts</td> <td style="text-align: right;">_____</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Children's Ministries</td> <td style="width: 50%; text-align: right;">Contact Name</td> </tr> <tr> <td><input type="checkbox"/> Sunday School Teacher</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Kids Church Helper</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Middle School Sponsor</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Special Events helper</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Special Needs</td> <td style="text-align: right;">_____</td> </tr> </table> Other: 	Pastoral Ministries	Contact Name	<input type="checkbox"/> Ministry of Helps	_____	<input type="checkbox"/> Funeral Receptions	_____	<input type="checkbox"/> Visitations (hospital, nursing, home)	_____	<input type="checkbox"/> Angel Tree	_____	Music Ministries	Contact Name	<input type="checkbox"/> Adult Choir	_____	<input type="checkbox"/> Children's Choir	_____	<input type="checkbox"/> Theatrical Arts	_____	Children's Ministries	Contact Name	<input type="checkbox"/> Sunday School Teacher	_____	<input type="checkbox"/> Kids Church Helper	_____	<input type="checkbox"/> Middle School Sponsor	_____	<input type="checkbox"/> Special Events helper	_____	<input type="checkbox"/> Special Needs	_____
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Please print any additional comments below:

Thank you and please call the Accounting Services office, 210-979-9203 option 6, with any questions.