

FPU Membership Information

FIRST NAME	LAST NAME		
ADDRESS			
CITY	STATE	ZIP CODE	
PRIMARY PHONE			
EMAIL ADDRESS			

Are you interested in becoming involved as an FPU Coordinator or Group Leader?

At the location where I attended FPU

At my organization (church, business, etc...)

Please list organization name and city here:

<p>AGE</p> <p><input type="radio"/> <18 <input type="radio"/> 18-25 <input type="radio"/> 26-35 <input type="radio"/> 36-45</p> <p><input type="radio"/> 46-55 <input type="radio"/> 56-65 <input type="radio"/> 65+</p> <p>MARITAL STATUS</p> <p><input type="radio"/> Single <input type="radio"/> Married</p> <p><input type="radio"/> Divorced <input type="radio"/> Widowed</p> <p>RACE</p> <p><input type="radio"/> Caucasian <input type="radio"/> African-American</p> <p><input type="radio"/> Hispanic <input type="radio"/> Asian</p> <p><input type="radio"/> Other _____</p>	<p>SIZE OF FAMILY <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6+</p> <p>REGULAR CHURCH ATTENDANCE <input type="radio"/> Yes <input type="radio"/> No</p> <p>HOUSEHOLD INCOME</p> <p><input type="radio"/> <15,000 <input type="radio"/> 15,000-30,000 <input type="radio"/> 31,000-50,000</p> <p><input type="radio"/> 51,000-80,000 <input type="radio"/> 81,000-100,000 <input type="radio"/> 100,000+</p> <p>COLLEGE <input type="radio"/> Yes <input type="radio"/> No</p> <p>INTERNET USER <input type="radio"/> Yes <input type="radio"/> No</p> <p>BUSINESS OWNER <input type="radio"/> Yes <input type="radio"/> No</p> <p>PAST BANKRUPTCY <input type="radio"/> Yes <input type="radio"/> No</p>
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Recommendations For Financial Peace University

If you believe your employer, company or church would be interested in setting up the Financial Peace University program for the employees or church members, please list the person for us to contact.

CHURCH OR COMPANY NAME	
CONTACT - FIRST NAME	CONTACT - LAST NAME
EMAIL ADDRESS	

If you believe that the FPU program, or a one-on-one counseling session, would benefit your friends, family members, co-workers, etc., please fill in the information below so we can email them information about our program.

FIRST NAME	LAST NAME
EMAIL ADDRESS	

FIRST NAME	LAST NAME
EMAIL ADDRESS	