

## RESOURCES ROOM REGISTRATION FORM

**Name of church / school / organisation / individual:**

---

**Address of church / school / organisation / individual:**

---

---

**Contact number: & email:**

---

---

**Name of an individual contact for that organisation:**

---

**Individual's contact number & email:**

---

---

**We wish to register for:**    **3 month trial guest subscription**    **£30**

**12 month annual subscription**    **£100**

**Date of registration :** \_\_\_\_\_

**I enclose payment of £**

*Cheques payable to: Cornerstone Resources Room*

**Signed:**

**Please return completed form along with payment to Cornerstone.**

**You will receive confirmation of registration along with your account number.**