

A Liberated Mind Alliance (ALMA) Inc.

Registration Form

A Liberated Mind Alliance (ALMA) Inc. served the public without regard to ethnic or national origin, gender, age, or religion. Questions regarding personal background are used for statistical purposes only.

Name _____ Date _____

Address _____ County _____

City, State, Zip Code _____

Phone: (h) _____ (c) _____ Best time to call _____

Age ____ Sex: Male ____ Female ____ Are you a legal resident of the United States? Yes. No.

Disability _____ Email _____

Ethnic Group

_____ Native American, Alaskan Native

_____ Asian American

_____ African American/Black

_____ Hispanic

_____ White, non-Hispanic

_____ Other

Highest grade completed from school _____

Education after High School:

Name of School

degree

major/concentration

Hobbies/Interest/Activities _____

If you are currently employed, please describe your job(s) _____

What do you hope to get out of this training? _____
