



APPLICATION FOR ENTRANCE CODE

**Mail or bring to church office at: 6290 Shallowford Road, Lewisville, NC 27023
Or email to: office@lewisvilleumc.org**

Please Print

NAME: _____ PHONE: _____

ADDRESS: _____

PHONE: _____

NAME OF CHURCH POSITION, GROUP, COMMITTEE, ETC.: _____

DEMONSTRATED NEED FOR CODE: _____

MY COVENANT WITH LEWISVILLE UNITED METHODIST CHURCH

I request a code to be used for entrance into Lewisville United Methodist Church. I understand that I am being trusted with this code and promise not to give the code to anyone else. I will assume personal responsibility for using the code properly. I will enter the code so as not to make it visible to persons around me. I agree that this covenant will continue if I no longer need to use the code.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Code Given: Yes _____ No _____ Date _____

Issued by: _____

