

# Delegate Pre-Registration



National Baptist Convention, USA, Inc.  
 Dr. Jerry Young, PRESIDENT  
 Dr. Calvin McKinney, GENERAL SECRETARY

## Moderators' Division

Reverend William Wyne, President

Date \_\_\_\_\_ Convening With \_\_\_\_\_

# Annual Session

_____ Personal ID Number
-----------------------------

State Convention \_\_\_\_\_ President \_\_\_\_\_

### Section A: Staff

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Position: \_\_\_\_\_

### Section B: District Association Representation

District Name \_\_\_\_\_ Moderator's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 District Secretary \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

### Section C: Personal Representation

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

REGISTRATION	SEPTEMBER	CODE	RECEIVED
District Association	400.00	004001	\$ _____
Personal Representation	200.00	004002	\$ _____
World Baptist Center		004003	\$ _____
Other Donations		004004	\$ _____

<b>METHOD OF PAYMENT:</b> ___ Check – Check # _____    ___ Cash – Onsite Only	
Payable To: National Baptist Convention, USA, Inc.    (DO NOT MAIL CASH)	
_____ Credit Card – Name on Card: _____ (Cards Accepted: MC, Visa)	Signature/Date: _____
Card #: _____	Expiration Date: _____
Received by: _____	Date Received: _____

**PLEASE RETURN THIS FORM TO:**  
**Registration Office, Baptist World Center**  
**1700 Baptist World Center Drive – Nashville, TN 37207 – (615) 228-6292**  
**(White-Registration/Finance, Yellow-Auxiliary, Pink-Delegate)**