

# Delegate Registration

## Woman's Auxiliary

Sister Cynthia P. Smith, President



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

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

# Mid-Winter Board Meeting

Personal ID Number _____
First-time Attendee? _____ Yes _____ No (Years Attended) _____

State Convention: \_\_\_\_\_ President: \_\_\_\_\_ Woman's President: \_\_\_\_\_

Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

Address: \_\_\_\_\_ Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

District Association Name: \_\_\_\_\_ Local Women's President: \_\_\_\_\_

District Name: \_\_\_\_\_ President: \_\_\_\_\_ State Women's President: \_\_\_\_\_

Registration	January	Code	Amount	Registration	Code	Amount
National Officer	75.00	8001	\$ _____	Foreign Missions	8015	\$ _____
National Chairperson	35.00	8002	\$ _____	Home Missions	8016	\$ _____
National Co-Chairperson	35.00	8003	\$ _____	Baptist Day of Prayer	8017	\$ _____
State President	50.00	8004	\$ _____	American Baptist College	8018	\$ _____
District President	35.00	8005	\$ _____	National Baptist Woman Journal	8019	\$ _____
Local Woman's President	25.00	8006	\$ _____	President's Banquet	8020	\$ _____
Delegate	25.00	8007	\$ _____	Local/District President's Breakfast	8021	\$ _____
New President	25.00	8008	\$ _____	Arkansas Baptist College	8022	\$ _____
Local Missionary Society	50.00	8009	\$ _____	Woman's Aux. Health Committee	8023	\$ _____
State Convention	75.00	8010	\$ _____	Women in White March	8030	\$ _____
District Woman's Auxiliary	50.00	8011	\$ _____	World Day of Prayer	8031	\$ _____
Life Member	100.00	8012	\$ _____			
Ministers' Wives	25.00	8013	\$ _____			
Deacons' Wives	25.00	8014	\$ _____			

Total \$ \_\_\_\_\_

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