

# Delegate Registration

*Young People's Department*  
Dr. Marian Hockenhull, Director



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

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

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

## *Mid-Winter Board Meeting*

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church (Youth Director) \_\_\_\_\_ State Director (YPD) \_\_\_\_\_

State Women's President \_\_\_\_\_ State Director (YPD) \_\_\_\_\_

| REGISTRATION CATEGORIES |          |        |
|-------------------------|----------|--------|
| Category                | Category | Amount |
| Representation          | 009014   | 50.00  |
| Baptist World Center    | 009013   |        |

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