Delegate Pre-Registration *Moderators' Division*

Reverend Dr. William Wyne, President



NATIONAL BAPTIST CONVENTION, USA, INC.

DR. JERRY YOUNG, President
DR. CALVIN MCKINNEY, General Secretary

Date Convening With			
		NNUAL	SESSION
Personal ID Number			
State Convention			
SECTION A: STAFF			
Name	Address		
City	State Zip Code		
Office Phone Home Phone _	Cell Phone		
E-Mail Address			
Position/Title			
SECTION B: DISTRICT ASSOCIATION REPRESENTATION			
District Name	Moderator's Name		
Address	City	Sta	ateZip Code
Office Phone Home Phone _		Cell Pho	one
E-Mail Address			
District Secretary			
City State	Zip Code Telephone No		
SECTION C: PERSONAL REPRESENTATION			
Name	Address		
City	State		_ Zip Code
	Cell Phone		
E-Mail Address			
REGISTRATION	SEPTEMBER	CODE	RECEIVED
District Association	\$300.00	004001	\$
Personal Representation	\$100.00	004002	\$
World Baptist Center		004003	\$
Other Donations	TOT	004004	\$
	101.	AL RECEIVED	\$
METHOD OF PAYMENT:			h – Onsite Only маіс са зн)
☐ Credit Card – Name on Card(Cards Accepted: MC, Visa)	Sig	nature/Date:	
Card Number:	Expiration Date:		
Received By:	Date Received:		

PLEASE RETURN FORM TO:

NATIONAL BAPTIST CONVENTION, USA, INC. REGISTRATION OFFICE 1700 Baptist World Center Drive – Nashville, TN 37207 - (615) 228-6292

(White: Registration/Finance | Yellow: Auxiliary | Pink: Delegate)