

Delegate Pre-Registration Ushers and Nurses Auxiliary

Brother James McHenry, President



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) _____ |

ANNUAL SESSION

| | |
|----------------|-------------------------|
| NAME: | CHURCH NAME: |
| ADDRESS: | ADDRESS: |
| CITY: | CITY: STATE: ZIP: |
| STATE: | PASTOR: |
| ZIP: | STATE CONVENTION NAME: |
| TELEPHONE: | STATE USHERS PRESIDENT: |
| FAX: | STATE NURSES PRESIDENT: |
| EMAIL ADDRESS: | |

| REGISTRATION | CODE | January Mid-Winter | Amount | September Annual Session | Amount | Code | Amount Paid |
|--------------------------|------|-----------------------|----------|-----------------------------|----------|------|----------------|
| STATE USHERS | 5001 | | \$100.00 | | \$125.00 | 5001 | |
| STATE NURSES | 5002 | | \$100.00 | | \$125.00 | 5002 | |
| DISTRICT USHERS | 5003 | | \$80.00 | | \$100.00 | 5003 | |
| DISTRICT NURSES | 5004 | | \$80.00 | | \$100.00 | 5004 | |
| CHURCH USHERS | 5005 | | \$50.00 | | \$50.00 | 5005 | |
| CHURCH NURSES | 5006 | | \$50.00 | | \$50.00 | 5006 | |
| NATIONAL PRESIDENT | 5007 | | \$100.00 | | \$125.00 | 5007 | |
| NATIONAL VICE PRESIDENT | 5008 | | \$100.00 | | \$125.00 | 5008 | |
| NATIONAL OFFICERS | 5009 | | \$75.00 | | \$100.00 | 5009 | |
| NATIONAL CHAIRPERSON/CO | 5010 | | \$40.00 | | \$50.00 | 5010 | |
| PERSONAL ENROLLMENT | 5011 | | \$40.00 | | \$50.00 | 5011 | |
| CLASS REGISTRATION | | | | | \$10.00 | 5012 | |
| BANQUET | | | | | | 5013 | |
| SICKLE CELL | | | | | | 5014 | |
| NAACP | | | | | | 5016 | |
| HOME MISSION | | | | | | 5017 | |
| FOREIGN MISSION | | | | | | 5018 | |
| WORLD CENTER | | | | | | 5019 | |
| EVANGELISM | | | | | | 5020 | |
| AMERICAN BAPTIST COLLEGE | | | | | | 5021 | |

TOTAL \$ _____

| | | |
|---------------------------|---|--|
| METHOD OF PAYMENT: | <input type="checkbox"/> Check – Check Number _____ Payable to: National Baptist Convention, USA, Inc. | <input type="checkbox"/> Cash – Onsite Only (DO NOT MAIL CASH) |
| | <input type="checkbox"/> Credit Card – Name on Card _____ (Cards Accepted: MC, Visa) | Signature/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)