

# Delegate Registration Moderators' Auxiliary

Dr. William J. Wyne, President



**NATIONAL BAPTIST CONVENTION, USA, INC.**

DR. JERRY YOUNG, President

DR. CALVIN MCKINNEY, General Secretary

## Mid-Winter Board Meeting

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

Personal ID Number _____
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State Convention \_\_\_\_\_ President \_\_\_\_\_

### SECTION A: STAFF/OFFICER

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

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

District Secretary \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

### SECTION C: PERSONAL REPRESENTATION

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

REGISTRATION	JANUARY	CODE	RECEIVED
District Association	\$300.00	004001	\$
Personal Representation	\$100.00	004002	\$
Baptist World Center		004003	\$
Other Donations		004004	\$
TOTAL RECEIVED			\$

<b>METHOD OF PAYMENT:</b>		<input type="checkbox"/> Check – Check Number _____ Payable to: National Baptist Convention, USA, Inc.	<input type="checkbox"/> Cash – Onsite Only <b>(DO NOT MAIL CASH)</b>
<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)