

**Delegate Pre-Registration**  
**Music & Worship Arts Auxiliary**  
 Sister Angelique Banks Coleman, President



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

DR. JERRY YOUNG, President

DR. CALVIN MCKINNEY, General Secretary

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

# ANNUAL SESSION

Personal ID Number _____ First Time Attendee? _____ Yes _____ No (Years Attended) _____
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**State Convention** \_\_\_\_\_ **President** \_\_\_\_\_

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church \_\_\_\_\_

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

Pastor \_\_\_\_\_

Position in Church \_\_\_\_\_

**WORSHIP ARTS EXPERTISE:** Vocal/Choir \_\_\_\_\_ Instrumental – which instruments? \_\_\_\_\_

Dance/Mime \_\_\_\_\_ Audio/Visual Tech. \_\_\_\_\_ Visual Arts \_\_\_\_\_ Puppetry \_\_\_\_\_ Drama \_\_\_\_\_ Other \_\_\_\_\_

REGISTRATION AMO	UNT	CODE	RECEIVED
Personal (includes registration and music packet)	\$50.00	6001	\$
Offering			\$
Other _____			\$

**TOTAL \$** \_\_\_\_\_

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