

# Delegate Pre-Registration

## Music Auxiliary

Angelique Banks Coleman, President



# National Baptist Convention, USA, Inc.

Dr. Jerry Young, PRESIDENT  
Dr. Calvin McKinney, GENERAL SECRETARY

## Annual Session

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

Registration Fee (6001): \$100.00 (includes registration and music packets) \$ \_\_\_\_\_

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

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Church \_\_\_\_\_

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

Pastor \_\_\_\_\_

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

Worship Arts Expertise: Vocal/Choir \_\_\_\_\_ Instrumental—what instruments? \_\_\_\_\_

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

**Total \$** \_\_\_\_\_

<b>METHOD OF PAYMENT:</b> ____ Check — Check # _____    ____ Cash — On-site Only <b>Payable to: National Baptist Convention, USA, Inc.</b> ____ Credit Card — Name on Card: _____ Signature/Date _____ (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)