

# Delegate Registration

Woman's Auxiliary

Dr. Hugh Dell Gatewood, President

National Baptist

Convention, USA, Inc.

Dr. William J. Shaw, PRESIDENT  
Dr. Harry Blake, GENERAL SECRETARY

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

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

## Annual Session

### Pre-Registration

Pre-Registration Deadline: August 1<sup>st</sup>

( Please Complete ) State Convention \_\_\_\_\_ President \_\_\_\_\_

Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

Address: \_\_\_\_\_ Church Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

District Association Name: \_\_\_\_\_ Local Women's President: \_\_\_\_\_

District Women's President: \_\_\_\_\_ State Women's President \_\_\_\_\_

Registration	September	Amount	Registration	Amount
National Officer	200.00	(6022) \$ _____	Foreign Missions	(6362) \$ _____
National Chairperson	100.00	(6042) \$ _____	Home Missions	(6382) \$ _____
National Co-Chairperson	100.00	(6062) \$ _____	American Baptist College	(6302) \$ _____
State President	75.00	(6082) \$ _____	Women in White March	(6442) \$ _____
District President	50.00	(6102) \$ _____	State/Past President's Banquet	(6262) \$ _____
Local Women's President	25.00	(6122) \$ _____	District/Local Pres. Breakfast	(6282) \$ _____
Delegate	25.00	(6142) \$ _____	Arkansas Baptist College	(6322) \$ _____
New President	25.00	(6162) \$ _____	Woman's Auxiliary Health Unit	(6602) \$ _____
Local Missionary Society	100.00	(6182) \$ _____	National Baptist Day of Prayer	(6842) \$ _____
State Convention	200.00	(6202) \$ _____	National Baptist Woman Journal	(6632) \$ _____
District Women's Auxiliary	175.00	(6222) \$ _____		
Ministers' Wives	25.00	(6462) \$ _____		
Deacons' Wives	25.00	(6482) \$ _____		

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

<b>METHOD OF PAYMENT</b> ___ Check – Check # _____      ___ Cash – Onsite Only
Payable To: National Baptist Convention, USA, Inc. (DO NOT MAIL CASH)
Received by: _____ Date Received: _____ Amount 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)**