

# Delegate Registration January Board

National Ushers' and Nurses' Auxiliary

Mr. James McHenry, President



**National Baptist  
Convention, USA, Inc.**  
Dr. Julius R. Scruggs, President  
Dr. Jerry Young, Vice President at Large  
Dr. Calvin McKinney, General Secretary

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

DATE \_\_\_\_\_

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

REGISTRATION	JANUARY Mid-Winter	Amount	CODE	AMOUNT Paid
STATE USHERS		\$100.00	(5001)	
STATE NURSES		\$100.00	(5002)	
DISTRICT USHERS		\$80.00	(5003)	
DISTRICT NURSES		\$80.00	(5004)	
CHURCH USHERS		\$50.00	(5005)	
CHURCH NURSES		\$50.00	(5006)	
NATIONAL PRESIDENT		\$100.00	(5007)	
NATIONAL VICE PRESIDENT		\$100.00	(5008)	
NATIONAL OFFICERS		\$75.00	(5009)	
NATIONAL CHAIRPERSON/CO		\$40.00	(5010)	
PERSONAL ENROLLMENT		\$40.00	(5011)	
LUNCHEON			(5012)	
NAACP DONATION			(5013)	
HOME MISSION			(5014)	
FOREIGN MISSION			(5015)	
WORLD CENTER			(5016)	

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

<b>METHOD OF PAYMENT:</b> _____ Check – Check # _____ Cash – Onsite Only
Payable To: National Baptist Convention, USA, Inc.
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)**