

Delegate Registration

Woman's Auxiliary

Dr. Hugh Dell Gatewood, President

National Baptist
Convention, USA, Inc.
Julius R. Scruggs, PRESIDENT
Dr. Jerry Young, VICE PRESIDENT AT LARGE
Dr. Calvin McKinney, GENERAL SECRETARY

Date _____ Convening With _____

Mid-Winter Board Meeting

_____ Personal ID Number First-time Attendee _____ Yes _____ No (Years Attended _____)
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State Convention _____ President _____ Woman's President _____

Name: _____ Church Name: _____

Address: _____ Church Address: _____

City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____ Pastor's Name: _____

District Association Name: _____ Local Women's President: _____

District Name: _____ President: _____ State Women's President: _____

Registration	January	Code	Amount	Registration	Code	Amount
National Officer	75.00	8001	\$ _____	Foreign Missions	8015	\$ _____
National Chairperson	35.00	8002	\$ _____	Home Missions	8016	\$ _____
National Co-Chairperson	35.00	8003	\$ _____	Baptist Day of Prayer	8017	\$ _____
State President	50.00	8004	\$ _____	American Baptist College	8018	\$ _____
District President	35.00	8005	\$ _____	National Baptist Woman Journal	8019	\$ _____
Local Woman's President	25.00	8006	\$ _____	President's Banquet	8020	\$ _____
Delegate	25.00	8007	\$ _____	Local/District President's Breakfast	8021	\$ _____
New President	25.00	8008	\$ _____	Arkansas Baptist College	8022	\$ _____
Local Missionary Society	50.00	8009	\$ _____	Woman's Aux. Health Committee	8023	\$ _____
State Convention	75.00	8010	\$ _____	Women in White March	8030	\$ _____
District Woman's Auxiliary	50.00	8011	\$ _____	World Day of Prayer	8031	\$ _____
Life Member	100.00	8012	\$ _____			
Ministers' Wives	25.00	8013	\$ _____			
Deacons' Wives	25.00	8014	\$ _____			

Total \$ _____

METHOD OF PAYMENT: _____ Check – Check # _____ Cash – Onsite Only Payable To: National Baptist Convention, USA, Inc. (DO NOT MAIL CASH) _____ 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)