

**Southern Arizona Missionary Baptist District Association
Unified Registration Form – 60th Annual Session
All Auxiliaries/Churches/Parent Body**

Reverend Willie L. Coleman, Sr., Moderator
Annual Session Dates: 5-9 August 2014

Convening at: Rising Star, 2800 E. 36th Street, Tucson, AZ
(Please *print* information and complete all applicable sections.)

Registration For: () Personal-Part A () Church-Part B () Both-Parts A & B

ALL REGISTRATION FORMS AND FUNDS ARE TO BE GIVEN TO TREASURER OF THE SDA
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Part A: Personal Info (Auxiliary Delegates only):

- | | |
|---|---|
| <input type="checkbox"/> Parent Body Officer
<input type="checkbox"/> Minister's Conference
<input type="checkbox"/> Laymen's Auxiliary
<input type="checkbox"/> Woman's Auxiliary | <input type="checkbox"/> Usher's Auxiliary
<input type="checkbox"/> Evangelism Auxiliary
<input type="checkbox"/> Youth & Children Auxiliary
<input type="checkbox"/> Young Adults |
|---|---|

Name: _____

Address: _____

City: () Casa Grande; () Eloy; () Tucson; () Huachuca City; () Sierra Vista;
() Other: _____

Zip Code: _____ Telephone: (Home) _____ (Cell) _____

E-mail Address: _____@_____

Name of Church: _____ Pastor: _____

Part B: Church Info (Church Registration Only):

Church Name: _____

Church Address: _____

City: () Casa Grande; () Eloy; () Tucson; () Huachuca City; () Sierra Vista;
() Other: _____

Zip Code: _____ Telephone: (Office) _____ (Fax) _____

E-mail Address: _____@_____ Pastor: _____

*Church Membership/Assessment: 25 or less (\$80) / 26-50 (\$100) / 51-100 (\$175) / 101-250 (\$300) /
251 or more (\$600)

Category	Registration Amount	Amount Paid
Church Representation*	Varies	\$ _____
Pastors and Ministers	\$20.00	\$ _____
Auxiliary/Parent Body Officers	\$15.00	\$ _____
Church Presidents and Leaders	\$15.00	\$ _____
Individual Delegate (Adults)	\$10.00	\$ _____
Youth/Children's Rally	\$ 5.00	\$ _____
Moderator's Love Offering		\$ _____
District Scholarship Fund		\$ _____
Total		\$ _____

First-time Attendee ___ Yes ___ No **METHOD OF PAYMENT** () Check – Check # _____ Cash _____

Received by: _____ Date Received: _____ Kit/Badge: _____