Regular Arkansas Missionary Baptist Convention, Inc.

P.O. Box 2736 Pine Bluff, Arkansas 71613

Official Registration Receipt

**Date:** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Convention Session** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting Location (Church & City)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Type (Circle one):**  Church District Individual

**Registrant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registrant Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registrant Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pastor’s Name (if Church)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Moderator’s Name (if District)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Church or District represented through Unified Budget (Circle One) Yes No (**Verified Init.** \_\_\_\_\_\_ )

**Name of the Person Completing this form** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Individual Registration, Church Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church City and District Association** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Delegates (On site churches – 6; Unified Budget – per schedule; District Assoc. – 2)**

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| **Code and Category** | **Code and Category** | | **Code** | **Amount** |
| 100 Church | 101 Pastor | |  |  |
| 102 District Association | 103 Moderator | |  |  |
| 104 Minister, not pastor | 105 State Officer | |  |  |
| 106 Trustee/Board Member | 107 Individual Delegate | |  |  |
| 108 Morris Booker Wms HRCC | 109 Additional Delegates | |  |  |
| 200 Woman’s Conv. Officer | 201 Church WMS Officer | |  |  |
| 202 District Woman Officer | 203 Ministers’ & Deacons’ Wives | |  |  |
| 204 Woman Home Mission | 205 Woman Foreign Mission | |  |  |
| 206 Woman Special Projects | 300 Music Convention | |  |  |
| 400 Congress of C.E. | 500 Evangelism Department | |  |  |
| 600 Home & Foreign Mission | 700 Laymen Auxiliary | |  |  |
| 800 Pastors & Moderator Conf. | 900 Ushers & Nurses Conv. | | **Total Amount Pd** | **$** |

**Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment Type: Cash \_\_\_\_ Check # \_\_\_\_\_\_\_\_\_** Give theOriginal Copy to the Person Registering – Yellow Copy to File – Pink Copy to Credentials Committee