



**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 _____

Did you contribute fully (\$60) to the Women's Auxiliary Plus 5 Drive this year (Circle One) Yes No

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

Delegate 1- Name	Email Address
Delegate 2- Name	Email Address
Delegate 3- Name	Email Address
Delegate 4- Name	Email Address
Delegate 5- Name	Email Address
Delegate 6- Name	Email Address

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 Plus 5 (Paid \$60)	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 the Original Copy to the Person Registering – Yellow Copy to File – Pink Copy to Credentials Committee