



GENERAL MISSIONARY BAPTIST CONVENTION OF GEORGIA, INC.
P. O. Box 92340 ■ Atlanta, GA 30314

CHURCH REGISTRATION FORM

Select One

District _____ Date: _____ Annual Session
 Receipt #: _____ Adjourned Session
 Monthly Contributor

Church Name: _____
 Church Address: _____
Church Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Church Phone: () _____ Church Fax: () _____
 Church E-mail: _____
 Pastor's Name: _____
 Pastor's Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: () _____ Hm Phone: () _____ Fax: () _____
 E-Mail: _____

Church Registration: \$100.00 (Includes three (3) Delegates)

| <u>NAME</u> | <u>ADDRESS</u> | <u>CITY</u> | <u>ST</u> | <u>ZIP</u> | <u>Phone</u> |
|-------------|----------------|-------------|-----------|------------|--------------|
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Additional Delegates: \$35.00 per person

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|--------------------|----------|----------------------------------|-----------------|
| | | Church Registration Total | \$ _____ |
| Laymen's Auxiliary | \$ _____ | Bryant Seminary | \$ _____ |
| Home Missions | \$ _____ | Foreign Missions | \$ _____ |
| Land of Promise | \$ _____ | Women's Auxiliary | \$ _____ |
| | | TOTAL ALL PAYMENTS | \$ _____ |

STATISTICS:

Present Church Membership _____

Method of Payment: _____ Check # _____ Cash (On-site only - Do not mail cash)

OFFICIAL USE ONLY:

Received By: _____ Date: _____