

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

**CHURCH REGISTRATION FORM**

District \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

**Select One**

- Annual Session**  
 **Adjourned Session**  
 **Monthly Contributor**

**PLEASE PRINT OR TYPE**

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>
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____

**ADD ADDITIONAL DELIGATES  
ON BACK PAGE**

Church Registration Total      \$ \_\_\_\_\_

**Women's Auxiliary**      \$ \_\_\_\_\_

**Laymen's Auxiliary**      \$ \_\_\_\_\_

**Home Missions**      \$ \_\_\_\_\_

**Foreign Missions**      \$ \_\_\_\_\_

**TOTAL ALL PAYMENTS**      \$ \_\_\_\_\_

**Total Church Membership** \_\_\_\_\_

**REGISTRATION FORM COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Signature

**Pastor's Signature** \_\_\_\_\_

Method of Payment:       Check # \_\_\_\_\_       Credit Card \_\_\_\_\_       Cash (On-site only)

**OFFICIAL USE ONLY:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**DELEGATE CHURCH REGISTRATION FORM**

**Additional Delegates: \$35.00 per person**

<u>Name</u>	<u>Address</u>	<u>City, ST, Zip</u>
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		
19)		
20)		