

USHERS AUXILIARY
of
THE GENERAL MISSIONARY BAPTIST CONVENTION
of **GEORGIA, INC.**

PLEASE PRINT

District _____ Date _____ Receipt # _____ Ushers Conference

MESSENGER
(Personal Registration)

Name _____

Address _____ City, ST, Zip _____

Phone# _____ Email _____

Church Name _____

Address _____ City, ST, Zip _____

Pastor's
Name _____

Method of Payment: Check # _____ Cash (On-site only) _____ Total Payment _____

Statistics: Usher _____ Other Messenger _____ Health Care _____

CONFERENCE YEAR OF **CLASS** ATTENDANCE (class attendance is required to receive class credits)

1st _____ 2nd _____ 3rd & over _____

Received by: _____ Date: _____