

General Missionary Baptist Convention of Georgia, Inc.
Rev. Dr. Kevin B. Martin, President
Ms. Margaret Whaley, Woman's Auxiliary President
Mrs. Gwendolyn West, Deaconesses, Deacons' Wives and Widows Coordinator
Rev. Dante Smith, Advisor

Deaconess Conference Registration Form

Please print (or type) the requested information:

District No. _____ Date _____

Deaconess Deacon Rev./Min. Other _____

Name _____

Mailing Address _____

City, State & Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Church's Name _____

Pastor's Name _____

Participation Year: (To be verified by Registrar)

<input type="checkbox"/> 1 st Year Conferee	<input type="checkbox"/> 6 th Year Conferee	<input type="checkbox"/> 11 th Year Conferee
<input type="checkbox"/> 2 nd Year Conferee	<input type="checkbox"/> 7 th Year Conferee	<input type="checkbox"/> 12 th Year Conferee
<input type="checkbox"/> 3 rd Year Conferee	<input type="checkbox"/> 8 th Year Conferee	<input type="checkbox"/> 13 th Year Conferee
<input type="checkbox"/> 4 th Year Conferee	<input type="checkbox"/> 9 th Year Conferee	<input type="checkbox"/> 14 th Year Conferee
<input type="checkbox"/> 5 th Year Conferee	<input type="checkbox"/> 10 th Year Conferee	<input type="checkbox"/> 15 th Year Conferee

Please check appropriate box(es) and indicate amount submitted.

<input type="checkbox"/> Pre-registration (\$20.00)	<input type="checkbox"/> On-Site Registration (\$20.00)
<input type="checkbox"/> Banquet Ticket (\$25.00)	<input type="checkbox"/> Donation - \$ _____
<input type="checkbox"/> Amount Enclosed - \$ _____	

Conference Staff Use Only:

Cash () or Check () # _____ Received by _____

Make checks payable to: **General Missionary Baptist Convention of Georgia** or **GMBC**