

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

**CHURCH REGISTRATION FORM**

District \_\_\_\_\_ Date: \_\_\_\_\_ Select One  
 Receipt #: \_\_\_\_\_  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; Additional Delegates \$35.00 Each)**

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>Phone</u>
1) _____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____	_____

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

Women's Auxiliary \$ \_\_\_\_\_  
 Home Missions/Disaster Relief \$ \_\_\_\_\_

Laymen's Auxiliary \$ \_\_\_\_\_  
 Foreign Missions \$ \_\_\_\_\_

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

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

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**

Name

Address

City, ST, Zip

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 13) \_\_\_\_\_
- 14) \_\_\_\_\_
- 15) \_\_\_\_\_
- 16) \_\_\_\_\_
- 17) \_\_\_\_\_
- 18) \_\_\_\_\_
- 19) \_\_\_\_\_
- 20) \_\_\_\_\_