

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

**ASSOCIATION REGISTRATION FORM**

District \_\_\_\_\_ Date: \_\_\_\_\_ Select One  
Receipt #: \_\_\_\_\_  Annual Session  
 Adjourned Session  
 Other

Name of Association: \_\_\_\_\_  
Moderator's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Association Registration: \$200.00 (Each Delegate \$35.00)**

**ADD ADDITIONAL DELIGATES  
ON PAGE(2)**

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

Association Registration Total \$ \_\_\_\_\_

Personal Registration Total from Pg-2 \$ \_\_\_\_\_

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

President of Women's Department: \_\_\_\_\_ Phone: \_\_\_\_\_

President of Laymen's Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Churches in Association \_\_\_\_\_

Number of Pastors \_\_\_\_\_

Method of Payment:  Check # \_\_\_\_\_  Online  Cash  
do not mail

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**OFFICIAL USE ONLY:**

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

**ASSOCIATION DELEGATE REGISTRATION FORM**

Additional Delegates: \$35.00 per person

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Email Address: \_\_\_\_\_

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Email Address: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Email Address: \_\_\_\_\_

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