

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) _____