



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

WOMEN'S AUXILIARY

District _____ Date: _____ **Select One**
 Receipt #: _____ **Annual Session**
 Adjourned Session
 Other

Delegate Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: () _____ Mobile: () _____
 E-mail Address: _____
 Church Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Church Phone: () _____ Fax: () _____

REGISTRATION

District President	\$ _____	\$ 35.00
Minister's Wives	\$ _____	\$ 35.00
Deaconess	\$ _____	\$ 35.00
Women of Excellence	\$ _____	\$ 35.00
Professional Women	\$ _____	\$ 35.00
Young People Director	\$ _____	\$ 35.00
Missionary President	\$ _____	\$ 35.00
Mission	\$ _____	\$ 35.00
Mission In Action	\$ _____	\$ 35.00
Singles	\$ _____	\$ 35.00
Personal	\$ _____	\$ 35.00

Page - 2 Totals \$ _____

TOTAL PAYMENT \$ _____

ASSOCIATION REGISTRATION
ON PAGE - 2

Method of Payment: _____ Check # _____ Cash (On-site only - Do not mail cash)

OFFICIAL USE ONLY:

Received By: _____ Date: _____

WOMEN'S AUXILIARY ASSOCIATION DELEGATES

ASSOCIATIONS

Moderator Name: _____

Association President _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone: () _____ Mobile: () _____

E-mail Address: _____

ASSOCIATION REGISTRATION

Association \$ _____ \$ 70.00

Association President \$ _____ \$ 35.00