

Woman's Auxiliary Personal Data

WOMAN'S AUXILIARY

NATIONAL BAPTIST CONVENTION, USA, INC.

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(Please Print) Date _____

Updated Information

New Member

NAME			
ADDRESS			
CITY, STATE, ZIP CODE	City:	State:	Zip Code:
PHONE	Home:	Cell:	
BIRTH MONTH	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December		
EMAIL			
STATE CONVENTION/ DISTRICT ASSOCIATION			
LOCAL CHURCH			

Check all that apply

STATE PRESIDENT	<input type="checkbox"/>	MINISTERS WIVES/WIDOWS	<input type="checkbox"/>	MISSION WRITER	<input type="checkbox"/>
DISTRICT PRESIDENT	<input type="checkbox"/>	DEACONESS WIVES/WIDOWS	<input type="checkbox"/>	CHRISTIAN EDUCATION	<input type="checkbox"/>
LOCAL PRESIDENT	<input type="checkbox"/>	MISSION	<input type="checkbox"/>	DEAN	<input type="checkbox"/>
MISSION PRESIDENT	<input type="checkbox"/>	GREETER	<input type="checkbox"/>	SUNDAY SCHOOL	<input type="checkbox"/>
		USHER	<input type="checkbox"/>	YOUTH WORKER	<input type="checkbox"/>
		HEALTH UNIT NURSE	<input type="checkbox"/>		
		MENTOR	<input type="checkbox"/>		
		LOYAL BOOSTER (Foreign Mission)	<input type="checkbox"/>		

Additional Comments

Please return by U.S. Mail, Fax or Email

"Envisioning the Future exceptionally through Our Commitment to Christian Stewardship"