

Delegate and Staff Registration

Spirit of Timothy Division

Reverend Charles Faulks, Coordinator



NATIONAL BAPTIST CONVENTION, USA, INC.

DR. JERRY YOUNG, President

DR. ALVIN EDWARDS, General Secretary

Mid-Winter Board Meeting

Date _____ Convening With _____

_____ Personal ID Number

REPRESENTATION: PERSONAL STAFF | POSITION/TITLE: _____

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Home Phone _____ Cell Phone _____

E-Mail Address _____

REGISTRATION	AMOUNT	CODE	RECEIVED
Personal & Staff Representation (annually due in September)	\$100.00	18000	\$
Offering			\$
Other			\$
Other			\$
TOTAL RECEIVED			\$

METHOD OF PAYMENT: <input type="checkbox"/> Check – Check Number _____ Payable to: National Baptist Convention, USA, Inc.		<input type="checkbox"/> Cash – Onsite Only (DO NOT MAIL CASH)
<input type="checkbox"/> Credit Card – Name on Card _____ (Cards Accepted: MC, Visa)		Signature/Date: _____
Card Number: _____	Expiration Date: _____	
Received By: _____	Date Received: _____	

PLEASE RETURN FORM AND FEES TO (temporarily redirected due to the global pandemic):

NATIONAL BAPTIST CONVENTION, USA, INC. REGISTRATION OFFICE

1700 Baptist World Center Drive – Nashville, Tn 37207 – (615) 228-6292