

Delegate Registration

Ushers and Nurses Auxiliary

Dr. Brenda L. Eason, President



NATIONAL BAPTIST CONVENTION, USA, INC.

DR. JERRY YOUNG, President

DR. ALVIN EDWARDS, General Secretary

Date _____ Convening With _____

Personal ID Number _____
 First Time Attendee? _____ Yes _____ No (Years Attended) _____

ANNUAL SESSION

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 ZIP: _____
 TELEPHONE: _____
 FAX: _____
 EMAIL ADDRESS: _____

CHURCH NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____
 PASTOR: _____
 YOUR STATE CONVENTION NAME: _____
 YOUR STATE USHERS PRESIDENT: _____
 YOUR STATE NURSES PRESIDENT: _____

REGISTRATION	Fund Code	September Amount	AMOUNT PAID
STATE USHERS	5001	\$125.00	
STATE NURSES	5002	\$125.00	
DISTRICT USHERS MINISTRY	5003	\$100.00	
DISTRICT NURSES MINISTRY	5004	\$100.00	
CHURCH USHERS	5005	\$50.00	
CHURCH NURSES	5006	\$50.00	
NATIONAL PRESIDENT	5007	\$125.00	
NATIONAL VICE PRESIDENT	5008	\$125.00	
NATIONAL OFFICERS	5009	\$100.00	
NATIONAL CHAIRPERSON/CO	5010	\$50.00	
PERSONAL ENROLLMENT: Non-Usher/Nurse (Supporter)	5011	\$50.00	

TOTAL \$ _____

METHOD OF PAYMENT: Check – Check Number _____ Payable to: National Baptist Convention, USA, Inc. Cash – Onsite Only (DO NOT MAIL CASH)

Credit Card – Name on Card _____ Signature/Date: _____
 (Cards Accepted: MC, Visa)

Card Number: _____ Expiration Date: _____

Received By: _____ Date Received: _____

PLEASE RETURN FORM TO:
NATIONAL BAPTIST CONVENTION, USA, INC. REGISTRATION OFFICE
 1700 Baptist World Center Drive – Nashville, TN 37207 - (615) 228-6292

(White: Registration/Finance | Yellow: Auxiliary | Pink: Delegate)