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) ____

MID-WINTER BOARD MEETING

NAME:	CHURCH NAME:
ADDRESS:	ADDRESS:
CITY:	CITY: STATE:
STATE:	ZIP:
ZIP:	PASTOR:
TELEPHONE:	YOUR STATE CONVENTION NAME:
FAX:	YOUR STATE USHERS PRESIDENT:
EMAIL ADDRESS:	YOUR STATE NURSES PRESIDENT:

REGISTRATION	CODE	AMOUNT	JANUARY
STATE USHERS	5001	$100.00	
STATE NURSES	5002	$100.00	
DISTRICT USHERS	5003	$80.00	
DISTRICT NURSES	5004	$80.00	
CHURCH USHERS	5005	$50.00	
CHURCH NURSES	5006	$50.00	
NATIONAL PRESIDENT	5007	$100.00	
NATIONAL VICE PRESIDENT	5008	$100.00	
NATIONAL OFFICERS	5009	$75.00	
NATIONAL CHAIRPERSON/CO	5010	$40.00	
PERSONAL ENROLLMENT	5011	$40.00	

TOTAL $ _____

METHOD OF PAYMENT: ❒ Check – Check Number _____ ❒ Cash – Onsite Only

Payable to: National Baptist Convention, USA, Inc. **(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 AND FEES TO:

NATIONAL BAPTIST CONVENTION, USA, INC. REGISTRATION OFFICE

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