

NATIONAL MISSIONARY BAPTIST CONVENTION OF AMERICA



Dr. Anthony E. Sharp I, President

OFFICIAL AUXILIARY AND BOARD REPORT FORM

Dr. Max A. Miller, Jr., General Secretary

generalsecretary@nmbca.org
Mount Hebron Missionary Baptist Church
7817 Calhoun Rd.
Houston, Texas 77033
(713) 504-0063

(Submit to Treasurer's Office at the end of the session.)

- ☐ WINTER BOARD MEETING
- ☐ SUMMER BOARD MEETING
- ☐ ANNUAL SESSION

Date: _____

AUXILIARIES

- | | | |
|---|--|---|
| <input type="checkbox"/> WOMEN'S AUXILIARY 1 | <input type="checkbox"/> YOUTH | <input type="checkbox"/> JR. WOMEN |
| <input type="checkbox"/> WOMEN'S AUXILIARY II | <input type="checkbox"/> USHERS | <input type="checkbox"/> MINISTERS' WIVES |
| <input type="checkbox"/> BROTHERHOOD I | <input type="checkbox"/> MINISTERS' CONFERENCE | <input type="checkbox"/> HEALTH WELLNESS |
| <input type="checkbox"/> BROTHERHOOD II | | MINISTRY |

BOARDS

- | | |
|--|---|
| <input type="checkbox"/> FOREIGN MISSION BOARD | <input type="checkbox"/> HOME MISSION BOARD |
| <input type="checkbox"/> EDUCATIONAL BOARD | <input type="checkbox"/> EVANGELICAL BOARD |
| <input type="checkbox"/> BENEVOLENT COMMISSION BOARD | |

(Name of Auxiliary/Board)

President/Chairman

Number of Messengers: _____

Number of Churches Represented: _____

Amount Received This Session: _____

50% to Parent Body: _____

50% to Auxiliary/Board: _____

Please Print

ADDITIONAL INFORMATION:

NATIONAL MISSIONARY BAPTIST CONVENTION OF AMERICA

Dr. Anthony E. Sharp I, President



OFFICIAL AUXILIARY REGISTRATION FORM

Dr. Max A. Miller, Jr., General Secretary

generalsecretary@nmbca.org
Mount Hebron Missionary Baptist Church
7817 Calhoun Rd.
Houston, Texas 77033
(713) 504-0063

Location of Session:_____ REG. ID#:_____ Date:_____

- ☐ WINTER BOARD MEETING ☐ SUMMER BOARD MEETING ☐ ANNUAL SESSION
☐ **PERSONAL CONVENTION REGISTRATION \$25.00**

Please Check One

- | | | |
|--|---|--|
| <input type="checkbox"/> WOMEN'S AUXILIARY I | <input type="checkbox"/> USHERS | <input type="checkbox"/> EDUCATION BOARD |
| <input type="checkbox"/> WOMEN'S AUXILIARY II | <input type="checkbox"/> MINISTERS' CONFERENCE | <input type="checkbox"/> EVANGELICAL BOARD |
| <input type="checkbox"/> BROTHERHOOD I | <input type="checkbox"/> JR. WOMEN | <input type="checkbox"/> HOME MISSION BOARD |
| <input type="checkbox"/> BROTHERHOOD II | <input type="checkbox"/> HEALTH WELLNESS MINISTRY | <input type="checkbox"/> FOREIGN MISSION BOARD |
| <input type="checkbox"/> YOUTH CONVENTION | <input type="checkbox"/> MINISTERS' WIVES | <input type="checkbox"/> BENEVOLENT BOARD |
| <input type="checkbox"/> THE SPIRIT OF TIMOTHY | <input type="checkbox"/> INTERGENERATIONAL MINISTRY | |

INDIVIDUAL INFORMATION

(Name)

(Address)

(City/State/Zip)

(Area Code/Phone Number)

(Email Address)

Please Print

CHURCH INFORMATION

(Church Name)

(Pastor)

(Address)

(City/State/Zip)

(Area Code/Phone Number)

Please Print

Amount Paid:_____ Initial of Registrar:_____

NATIONAL MISSIONARY BAPTIST CONVENTION OF AMERICA



Dr. Anthony E. Sharp I, President
www.nmbca.org

REGISTRATION FORM

Dr. Max A. Miller, Jr., General Secretary
generalsecretary@nmbca.org
Mount Hebron Missionary Baptist Church
7817 Calhoun Rd.
Houston, Texas 77033
(713) 504-0063

Location of Session: _____ REG. ID#: _____ Date: _____

☐ WINTER BOARD

☐ SUMMER BOARD

☐ ANNUAL SESSION

(ONE FORM PER REGISTRANT PLEASE)

Name: _____ Prefix: _____
(Dr., Rev., Bro., Sis.)

Home Address: _____
Street City State Zip

Telephone Number: (____) _____ Email: _____
Home or Cell

Church Name: _____ Pastor: _____

Church Address: _____
Street City State Zip

Telephone Number: (____) _____ Email: _____
Church

Please Print

PLEASE CHECK APPROPRIATE BOX:

PAYMENT TYPE: ☐ CHECK # _____ ☐ MONEY ORDER ☐ CASH ☐ CREDIT ☐ GIVELIFY
☐ PERSONAL ENROLLMENT: \$25.00 ☐ GENERAL ASSOC. ENROLLMENT: \$450.00
☐ CHURCH ENROLLMENT: \$300.00 ☐ STATE ENROLLMENT: \$450.00
☐ DISTRICT ASSOC. ENROLLMENT: \$350.00 ☐ TOTAL PAID: \$ _____

Credit Card Type (circle one): ☐ Visa ☐ Master Card ☐ American Express

Card Number: _____ Exp. Date CVC Code Zipcode
MM/YY

Name As Appears on Card: _____ Signature: _____

ANNUAL CHURCH STATISTICS:

CHURCH NAME: _____
Members Received: _____
Baptism: _____
Christian Experience: _____
Letters: _____
TOTAL MEMBERSHIP: _____

ANNUAL DISTRICT/STATE STATISTICS:

DISTRICT NAME: _____
Number of Districts: _____
District Address: _____
Moderator: _____
STATE NAME: _____
Number of Churches: _____
State Address: _____
President: _____
District Tel. No.: (____) _____
Tel. No.: (____) _____ State: _____

For Official Use Only

Initial of Registrat: _____
Initial of Admin. Assistant: _____
Initial of Data Entry Operator: _____



NATIONAL MISSIONARY BAPTIST CONVENTION OF AMERICA

Sis. Lavona Swope, Auxiliary President

Dr. Anthony E. Sharp I, President

Dr. Max A. Miller, Jr., General Secretary

WOMEN'S AUXILIARY I REGISTRATION FORM

☐ WINTER BOARD

☐ SUMMER BOARD

☐ ANNUAL SESSION

Location of Session: _____ REG. ID#: _____ Date: _____

Local Society/District/State: *(Please Circle One)* _____

President: _____

Address: _____
Street City State Zip

Telephone Number: (____) _____ Email: _____
Home or Cell

Church: _____ Title: _____

Church Address: _____
Street City State Zip

Pastor: _____

Delegate/Personnel: _____ Telephone Number: (____) _____

Address: _____

Please Print

State Conventions

\$100.00

Districts

\$50.00

Local Societies

\$50.00

PLEASE CHECK APPROPRIATE BOX

☐ PERSONAL CONVENTION REGISTRATION \$25.00

☐ OFFICIAL STAFF \$65.00 (each)

☐ PERSONAL AUXILIARY ENROLLMENT \$20.00

AMOUNT BROUGHT TO THIS SESSION

Foreign Mission Board\$ _____

Home Mission Board\$ _____

Educational Board\$ _____

Evangelical Board\$ _____

Children's Department\$ _____

Other Registration\$ _____

For Official Use Only

Date: _____

Amount Received: \$ _____

Ck: _____ M.O.: _____ Cash: _____

Received By: _____



NATIONAL MISSIONARY BAPTIST CONVENTION OF AMERICA

Sis. Dr. Lilith Williams, Auxiliary President

Dr. Anthony E. Sharp I, President

Dr. Max A. Miller, Jr., General Secretary

WOMEN'S AUXILIARY II REGISTRATION FORM

☐ WINTER BOARD

☐ SUMMER BOARD

☐ ANNUAL SESSION

Location of Session: _____ REG. ID#: _____ Date: _____

Local Society/District/State: *(Please Circle One)* _____

President: _____

Address: _____
Street City State Zip

Telephone Number: () _____ Email: _____

Church: _____ Title: _____

Church Address: _____
Street City State Zip

Pastor: _____

Delegate/Personnel: _____ No. of Churches Represented: _____

Telephone Number: () _____ No. of Members: _____

Please Print

PLEASE CHECK APPROPRIATE BOX

☐ PERSONAL CONVENTION REGISTRATION \$25.00

	Winter Board/Summer Board	Annual Session
<input type="checkbox"/> OFFICERS	\$25.00	\$50.00
<input type="checkbox"/> PERSONAL ENROLLMENT	\$25.00	\$35.00
<input type="checkbox"/> STAY AT HOME	\$10.00	\$10.00
<input type="checkbox"/> WOMEN FOR CHRIST		\$10.00
<input type="checkbox"/> STATE CONVENTIONS	\$75.00	\$100.00
<input type="checkbox"/> DISTRICTS	\$50.00	\$85.00
<input type="checkbox"/> LOCAL SOCIETIES	\$40.00	\$60.00

AMOUNT BROUGHT TO THIS SESSION

Foreign Mission Board\$ _____
Home Mission Board\$ _____
Educational Board\$ _____
Evangelical Board\$ _____
Benevolent Board\$ _____

For Official Use Only

Date: _____

Amount Received: \$ _____

Ck: _____ M.O.: _____ Cash: _____

Received By: _____