NATIONAL MISSIONARY BAPTIST CONVENTION OF AMERICA

Dr. Gerald M. Dew, 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)

Please Print

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 CHECK APPROPRIATE BOX:

PAYMENT TYPE: ☐ CHECK # _____ ☐ MONEY ORDER ☐ CASH ☐ CREDIT ☐ GIVELIFY

☐ PERSONAL ENROLLMENT: $25.00
☐ CHURCH ENROLLMENT: $300.00
☐ DISTRICT ASSOC. ENROLLMENT: $350.00
☐ GENERAL ASSOC. ENROLLMENT: $450.00
☐ STATE ENROLLMENT: $450.00
☐ TOTAL PAID: $_____

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

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date ___/___ MM/YY CVC Code _____ Zipcode _____

Name As Appears on Card:_____ Signature:_____

ANNUAL CHURCH STATISTICS:

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

For Official Use Only
Initial of Registrat:_____
Initial of Admin. Assistant:_____
Initial of Data Entry Operator:_____

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:_____

WHITE - General Secretary YELLOW - Treasurer PINK - Registrant