

Title Preference: (Selection MrMs	MrsDr.	Reverend	_Minister _	_Elder _	Bishop _	Other
Name:						
First		Middle	Last		Suffix	
Company Name:						
Mailing Address:						
	Street Number	Street Name	City	State	Zip Code	
Office Number:		Fax Number: Cell Number:				
Email Address:						
Emergency Contact N	ame:					
Emergency Contact N	umber:					
State Presid	onal apprentice me onal student membronal Boat Mational Boat Committee Membronal Boat Membronal State So	ember? per?	al Chaplain	No No If yes, past National	l President al Parliamentari	an
FUNERAL HOME TOwnerMan	TTLE (Select All T	Гhat Apply)				Employee
REGISTRATION FE Registrant TypeLicensed Member:Apprentice/StudenAdditional Luncher	Pr \$2 nt Member: \$1	lay, September 19, 202 rice 200 (On-Site: \$300) 100 (On-Site: \$200) 100	25)			
Make check		MA, Inc. 6290 Shar ree to register online a			ry, Georgia 302	91

All registration cancellations must be submitted to the national office, in writing, by 12:00NOON on Friday, October 3, 2025, to receive a refund minus a \$75.00 processing fee. Cancellations made after the deadline will not be refunded. All refunds will be administered forty-five (45) days after the meeting.