FLORIDA STATE PRIMITIVE BAPTIST CONVENTION
Elder Dr. F. R. Rush, General President
Tallahassee, FL 32304

1329 Abraham Street **(850) 224-8486 Ext. 243**

CHURCH REGISTRATION FORM

A. IDENTIFICATION: *Please provide information for all spaces below.*

Church Name _____ Pastor _____

Address _____ Address _____

City _____ State ___ Zip Code_____ City: _____ State ___ Zip Code_____

Telephone Number(s)_____ Telephone Number(s) _____

Email Address _____ Email Address _____

Association _____ Moderator _____

B. REPORTING QUARTER: *Place an "**X**" in the appropriate space(s) for the quarter(s) in which you are reporting. If this is your final report, please complete sections D and E.*

☐ **Summer Reporting Quarter** ☐ **Winter Reporting Quarter** ☐ **One Day Session** ☐ **Final**

C. QUARTER REGISTRATION: *Please select appropriate space for category that best describes your church and enter reporting amount in the space provided. Delegates over the allowed number will be considered as an individual and should complete the Individual Registration Form.*

	CHURCH CATEGORY	REQUIRED REPORTING AMOUNT	MAXIMUM NUMBER OF DELEGATES	TOTAL AMOUNT
☐	**AA1**, OVER 500 MEMBERS	$350.00 OR MORE	Ten (10) Delegates	
☐	**AA2**, OVER 400 MEMBERS	$300.00 OR MORE	Eight (8) Delegates	
☐	**AA,** OVER 300 MEMBERS	$250.00 OR MORE	Six (6) Delegates	
☐	**A,** OVER 200 MEMBERS	$200.00 OR MORE	Five (5) Delegates	
☐	**B,** OVER 100 MEMBERS	$150.00 OR MORE	Four (4) Delegates	
☐	**C,** OVER 25 MEMBERS	$100.00 OR MORE	Three (3) Delegates	

OTHER

	CATEGORY	AMOUNT		CATEGORY	AMOUNT
☐	SCHOLARSHIP		☐	CAMP COMMISSION	
☐	EVANGELISM		☐	MIRACLE HILL	
☐	CHURCH SCHOOL (*One time enrollment*) **AA1**- $150.00 **AA2**-$125.00 **AA**-$100.00 **A** - $75.00 **B** - $50.00 **C** - $25.00		☐	SCHOLARSHIP LUNCHEON Number Tickets ___ $25.00 per ticket	
☐	LAYMEN		☐	OTHER	

Total Other $ 0.00

TOTAL CHURCH REGISTRATION ***$*** 0.00

D. DEACONS AND DELEGATES . *Place an "**X**" beside the name if the person will be in attendance at the Convention. Delegates are Deacons and/or Brothers. If additional space is needed, please attach information to this form.*

NOTE: In order for Deacon(s) to be part of the Mortuary Fund, they **must be registered** with the State Convention. If your enrollment level does not cover **all** of your Deacon(s), please complete an Individual Registration Form and register your remaining Deacon(s) with $25.00 each.

☐ Name: _____
Address _____
_____
Phone Number (___) _____

☐ Name: _____
Address _____
_____
Phone Number (___) _____

☐ Name: _____
Address _____
_____
Phone Number (___) _____

☐ Name _____
Address _____
_____
Phone Number (___) _____

FOR CONVENTION USE ONLY

Funds Received by _____ Date _____

Data Entry _____ Date _____

White – Registrar **Yellow – Financial Secretary** **Pink – Receipt**

07/09