

FLORIDA STATE PRIMITIVE BAPTIST CONVENTION

Elder Dr. F. R. Rush, General President

Tallahassee, FL 32304

1329 Abraham Street #100

(850) 224-8486 Ext 243

INDIVIDUAL REGISTRATION FORM

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

Name: _____ Church: _____

Address: _____ Pastor: _____

City: _____ Association: _____

Zip Code: _____ Telephone: (____) _____ Moderator: _____

Email Address _____

B. REGISTRATION: *Please select appropriate box for category in which you re registering. General registration is \$25.00 unless specified.*

	CATEGORY	AMOUNT		CATEGORY	AMOUNT
<input type="checkbox"/>	Elders – Non-Pastors (\$100.00)			Women Congress	
<input type="checkbox"/>	Licensed Ministers		<input type="checkbox"/>	Deaconess / Mothers	
<input type="checkbox"/>	Deacons		<input type="checkbox"/>	Ministers' Wives	
<input type="checkbox"/>	Laymen Congress		<input type="checkbox"/>	Women of the Church	
<input type="checkbox"/>	Ushers Congress		<input type="checkbox"/>	Matrons	
<input type="checkbox"/>	Church School		<input type="checkbox"/>	Nurses Guild	
<input type="checkbox"/>	Youth Congress		<input type="checkbox"/>	State Choir	

TOTAL GENERAL REGISTRATION: _____

C. OTHER:

	CATEGORY	AMOUNT		CATEGORY	AMOUNT
<input type="checkbox"/>	Scholarship		<input type="checkbox"/>	Camp Commission	
<input type="checkbox"/>	Field Agent - \$100.00 or more		<input type="checkbox"/>	Evangelism	
<input type="checkbox"/>	Queen (specify auxiliary below) _____		<input type="checkbox"/>	Scholarship Luncheon Ticket (No. _____ \$25.00 each)	
<input type="checkbox"/>	Miracle Hill Convalescent Center		<input type="checkbox"/>	Other	

TOTAL OTHERS: _____

TOTAL REGISTRATION: _____

Pre-Registration Deadline is March 15th

FOR CONVENTION USE ONLY

Funds Received by _____

Date: _____

Data Entry _____

Date: _____

White – Registrar
07/09

Yellow – Financial Secretary

Pink – Receipt