

FLORIDA STATE PRIMITIVE BAPTIST CONVENTION

Elder 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 <i>(One time enrollment)</i> 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	
OTHER		OTHER	

Total Other \$ _____

TOTAL CHURCH REGISTRATION \$ _____

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: _____ ____ Name _____
 Address _____ Address _____
 Phone Number (____) _____ Phone Number (____) _____
 ____ Name: _____ ____ Name _____
 Address _____ Address _____
 Phone Number (____) _____ Phone Number (____) _____

FOR CONVENTION USE ONLY

Funds Received by _____ Date _____
 Data Entry _____ Date _____