

# EAST MISSISSIPPI BAPTIST STATE CONGRESS OF CHRISTIAN EDUCATION

Reverend Dr. Willie E. Jones, Convention President; Reverend A. D. Lewis, Congress President  
Sis. Vernetta Barton, Congress Dean; Reverend James E. Granger, Chairman of Finance

## REGISTRATION FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ DISTRICT NAME \_\_\_\_\_ CHECK # \_\_\_\_\_

CIRCLE THE ONE YOU ARE ENROLLING:

**Church, District, Personal Enrollment** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

CIRCLE ONE:

**Pastor, Moderator, President** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### ASSESSMENTS

Districts:	\$500.00
Churches with District Enrollment:	\$300.00
Churches without District Enrollment:	\$350.00
Individual Enrollment:	\$50.00
Youth Enrollment:	\$4.00

TOTAL AMOUNT OF MONEY SENT: \$ \_\_\_\_\_

### DELEGATES

Name	Address
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1. _____	_____
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2. _____	_____
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3. _____	_____
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### RECEIPT

**METHOD OF PAYMENT:** \_\_\_\_ Check OR \_\_\_\_ Cash – on-site only

Payable to: East Mississippi Baptist State Congress (DO NOT MAIL CASH)

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

A signed and dated copy of this document shall serve as your receipt.

PLEASE RETURN THIS FORM TO:

Reverend James E. Granger: 3735 Binnsville Road; Scooba, MS 39358

Home: (662) 476-5614; Cell: (601) 527-7277

(White & Yellow: Registration/Finance; Pink: Delegate)