



East Mississippi Baptist State Convention, Inc.
Rev. Ecclesiastes Goodwin, President
East Mississippi Baptist State Congress of Christian Education

Rev. Carlos Wilson, President
 P. O. Box 224-Meridian. Mississippi 39302

REGISTRATION FORM

(Please Print - Press Firmly)

Date ____/____/____

Check # _____

CHURCH REGISTRATION		DISTRICT REGISTRATION	
Church Name		District Name	
Pastor's Name		Moderator's Name	
Church Address		Moderator's Address	
City	State	City	State
	Zip		Zip
Church Phone Number	Church Fax Number	Phone Number	Fax Number
Pastor's Phone Number	Pastor's Cell Number	Moderator's Phone Number	Moderator's Cell Number
Church Email	Church Website Address	Moderator's Email	District Website

USE A SEPARATE SHEET TO LIST THE CLASSES FOR EACH DELEGATE

Name	Address	Phone Number
1.		
2.		
3.		

EVENT OF REGISTRATION

(Check one)

Registration	Fees	AMOUNT CONTRIBUTED	SPECIAL CONTRIBUTIONS
Churches	\$300		A. President's Love Offering
Individuals	\$50		B. Dean's Love Offering
			C. Other (specify)
Districts	\$500		
Women's Auxiliary	\$500		
Layman's Auxiliary	\$500		

OFFICIAL STAFF ONLY

Date Received: ____/____/____ Total Amount Received: \$ _____ Method of Payment: Check - 1. #: _____ Cash

Authorized Signature: _____

Date ____/____/____

Make all checks **PAYABLE** and **MAIL** to:
East Mississippi Baptist State Congress of Christian Education -
P. O. Box 224 / Meridian, MS 39302