



THE VIRGINIA BAPTIST STATE CONVENTION, INC.
PARENT BODY CHURCH OFFICIAL REGISTRATION FORM
145TH ANNUAL SESSION
MAY 14-17, 2012



INSTRUCTIONS

Please type or print legibly in sections that apply. To pre-register, this form and appropriate registration fees must be submitted by **April 27th 2012**. Please mail to: **The Virginia Baptist State Convention, Inc., 3500 South 19th Street, Arlington, Virginia, 22204.**

SECTION I - INFORMATION

Registration Form Completed By: First Name: _____ Last Name: _____
 Phone Number: _____ Email Address: _____
Church Name: _____ **Pastor's Name:** _____
 Church Address: _____ City: _____ State: _____ Zip: _____
 Church Phone Number: _____ Church Email Address: _____
Association Name: _____ **Moderator's Name:** _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____

PLEASE SELECT YOUR CHURCH AFFILIATION

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Progressive National Baptist Convention, Inc. | <input type="checkbox"/> National Baptist Convention U.S.A., Inc. | <input type="checkbox"/> Lott Carey Baptist Foreign Mission | <input type="checkbox"/> National Baptist Convention of America |
| <input type="checkbox"/> National Missionary Baptist | <input type="checkbox"/> American Baptist | <input type="checkbox"/> Full Gospel Baptist | <input type="checkbox"/> Southern Baptist |

SECTION II - REGISTRATION FEES: PLEASE CHECK ONE

<u>Church</u>	<input type="checkbox"/> 501-999 Members (\$600)	<input type="checkbox"/> Association (\$250)
<input type="checkbox"/> 1-100 Members (\$200)	<input type="checkbox"/> 1000-1499 Members (\$1,200)	<input type="checkbox"/> Religious and Non-Profit (\$250)
<input type="checkbox"/> 101-500 Members (\$400)	<input type="checkbox"/> 1500+ Members (\$1,800)	<input type="checkbox"/> Individual (\$50)
Total _____		

SECTION III - CONTRIBUTIONS: PLEASE INDICATE THE AMOUNT YOU WISH TO DONATE IN THE SPACES PROVIDED

MISSION CONTRIBUTIONS

<input type="checkbox"/> Children's Home of VA Baptist	_____
<input type="checkbox"/> Evangelism Board	_____
<input type="checkbox"/> Foreign Mission Board	_____
<input type="checkbox"/> Home Mission Board	_____
<input type="checkbox"/> Summer Mission Project	_____
<input type="checkbox"/> Other _____	_____
Total	_____

EDUCATIONAL CONTRIBUTIONS

<input type="checkbox"/> Richmond Virginia Seminary	_____
<input type="checkbox"/> VUU SDP School of Theology	_____
<input type="checkbox"/> Virginia University Of Lynchburg	_____
<input type="checkbox"/> Other _____	_____
Total	_____

DEPARTMENT CONTRIBUTIONS

<input type="checkbox"/> Christian Education	_____
<input type="checkbox"/> Women In Ministry	_____
<input type="checkbox"/> Young Pastors & Ministers	_____
<input type="checkbox"/> Youth & Young Adult	_____
<input type="checkbox"/> Other _____	_____
Total	_____

Total For Additional Delegates _____
 (See Back Page)

Grand Total _____

PLEASE MAKE CHECKS PAYABLE TO: THE VIRGINIA BAPTIST STATE CONVENTION, INC.

FOR THE VIRGINIA BAPTIST STATE CONVENTION, INC. USE ONLY:

Reviewed by: _____ **Date:** _____

SECTION IV – VOTING DELEGATES – EACH CHURCH IS ENTITLED TO 10 VOTING DELEGATES. FEES FOR 4 DELEGATES ARE INCLUDED WHEN THE FULL REGISTRATION FEE IS PAID. FOR EACH OF THE ADDITIONAL 6 VOTING DELEGATES, A FEE OF \$25 MUST BE PAID. ALL OTHER REGISTRATIONS ARE NON-VOTING.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

ADDITIONAL DELEGATES

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Enter Total Amount Due for Additional Delegates _____

SECTION V – MEMORIAL - DECEASED MEMBERS

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____



THE VIRGINIA BAPTIST STATE CONVENTION, INC.
145TH ANNUAL SESSION
RICHMOND, VIRGINIA