

**FLORIDA STATE PRIMITIVE BAPTIST CONVENTION**

*Elder Dr. F. R. Rush, General President*

Tallahassee, FL 32304

1015 Alabama Street

(850) 577-9222

**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
<b>AA1</b> , OVER 500 MEMBERS	\$350.00 OR MORE	Ten (10) Delegates	
<b>AA2</b> , OVER 400 MEMBERS	\$300.00 OR MORE	Eight (8) Delegates	
<b>AA</b> , OVER 300 MEMBERS	\$250.00 OR MORE	Six (6) Delegates	
<b>A</b> , OVER 200 MEMBERS	\$200.00 OR MORE	Five (5) Delegates	
<b>B</b> , OVER 100 MEMBERS	\$150.00 OR MORE	Four (4) Delegates	
<b>C</b> , 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> <b>AA1</b> - \$150.00 <b>AA2</b> -\$125.00 <b>AA</b> -\$100.00 <b>A</b> - \$75.00 <b>B</b> - \$50.00 <b>C</b> - \$25.00		SCHOLARSHIP LUNCHEON Number Tickets ____ \$25.00 per ticket	
LAYMEN		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 \_\_\_\_\_