

FLORIDA STATE PRIMITIVE BAPTIST CONVENTION

Church General Registration

Elder Dr. Willie J. Williams, General President (813) 394-8864 Elder Al Ware, Financial Secretary (727) 415-4866
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PRE-REGISTRATION DEADLINE IS MARCH 15TH

CHECK WHICH APPLIES Summer Winter One Day Session Final

<input type="checkbox"/> ASSOCIATION REPORT	\$	<input type="checkbox"/> CHURCH SCHOOL CONVENTION	\$
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Church _____	Pastor _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
E-mail _____ Phone () _____	E-Mail _____ Phone () _____
Number of Members _____	Association _____

Complete the registration form in its entirety, checking all that apply. Registration includes a badge, admittance to the President Reception, Convention minute, program, bag and other materials. Your badge or appropriate convention issued item will be required at all functions. The Pastor is included in the registration and counts as one delegate. Registration received prior to March 15th the will receive Convention materials whether present or not. Registrations received after the deadline will receive materials if they are in attendance. A separate registration form is provided for the MORTUARY, INDIVIDUALS and the PRESIDENTS CIRCLE.

CHURCH MEMBERS	REQUIRED REPORTING AMOUNT	NUMBER OF PARENT BODY VOTING DELEGATES	TOTAL AMOUNT
AA2 , OVER 500	\$1400.00--\$350.00 Per Quarter	Ten (10) Delegates	\$
AA1 , OVER 400	\$1200.00--\$300.00 Per Quarter	Eight (8) Delegates	\$
AA , OVER 300	\$1,000.00--\$250.00 Per Quarter	Six (6) Delegates	\$
A , OVER 200	\$800.00--\$200.00 Per Quarter	Five (5) Delegates	\$
B , OVER 100	\$600.00--\$150.00 Per Quarter	Four (4) Delegates	\$
C , OVER 25	\$400.00--\$100.00 Per Quarter	Three (3) Delegates	\$

(List Delegates below who are included in the registration to the Parent Body) (Additional Deacons or delegates should use the individual registration form and register with \$50.00. Attach additional forms if needed)

NAME _____	PHONE () _____
Address _____	City _____ Zip _____
E-Mail _____	State _____ Will be in attendance

NAME _____	PHONE () _____
Address _____	City _____ Zip _____
E-Mail _____	State _____ Will be in attendance

NAME _____	PHONE () _____
Address _____	City _____ Zip _____
E-Mail _____	State _____ Will be in attendance

NAME _____	PHONE () _____
Address _____	City _____ Zip _____
E-Mail _____	State _____ Will be in attendance

LOCAL CHURCH SCHOOL REGISTRATION

<input type="checkbox"/> AA2-\$175.00 6-Delegates	\$	<input type="checkbox"/> A-\$100.00 3-Delegates	\$
<input type="checkbox"/> AA1-\$150.00 5-Delegates	\$	<input type="checkbox"/> B-\$75.00 2-Delegates	\$
<input type="checkbox"/> AA- \$125.00 4-Delegates	\$	<input type="checkbox"/> C-\$50.00 1-Delegates	\$

(List Delegates below) (additional delegates register with \$25.00. Includes Church School materials. You must register with the general Convention or an Auxiliary to receive other registration materials.)

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|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

CATEGORY	AMOUNT	CATEGORY	AMOUNT
<input type="checkbox"/> Scholarship Luncheon #	\$50.00	<input type="checkbox"/> Camp Commission	\$
<input type="checkbox"/> Evangelism	\$	<input type="checkbox"/> Miracle Hill	\$
<input type="checkbox"/> Local Church Laymen Dept.	\$25.00	<input type="checkbox"/> Prayer Breakfast #	\$20.00
<input type="checkbox"/> Offerings	\$20.00 per Worship	<input type="checkbox"/> Presidents Love Offering	\$
<input type="checkbox"/> Union Meeting	\$50.00	<input type="checkbox"/> Other	\$

Other _____ \$ _____ **Total \$** _____

TOTAL: \$ _____	DATE _____	Received by _____
WHITE – Office	YELLOW – Financial Secretary	BLUE-Individual Receipt