

Progressive

MISSIONARY & EDUCATIONAL BAPTIST
STATE CONVENTION OF FLORIDA, INC.

Dr. Bartholomew Banks, Sr., President

REGISTRATION FORM

The Registration Form **MUST** accompany all enrollments. **Please Print**

District Association: _____

Moderator: _____

Name of Church: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email _____

Pastor: _____ Pastor's Phone: _____

ENROLLMENT

MINISTRIES

Deaconess Council: \$ _____
Senior Women: \$ _____
WIA: \$ _____
Junior Women: \$ _____
Ushers: \$ _____
A. H. Parker \$ _____
Brotherhood: \$ _____
Ministers' Wives: \$ _____
Health Care: \$ _____
TOTAL MINISTRIES: \$ _____

PARENT BODY

Church Enrollment: \$ _____
Education: \$ _____
Personal: \$ _____
Mission Action Plan (MAP) \$ _____
Pastoral Development \$ _____
TOTAL PARENT BODY: \$ _____
TOTAL MINISTRIES: \$ _____
TOTAL SUBMITTED: \$ _____

Submitted by: _____

FINANCE COMMITTEE USE ONLY

Notes/Comments

Amount Received: \$ _____

CASH _____

CHECK NO. _____

Received by: _____

Date: _____