



General Baptist State Convention

REPRESENTATION FORM

2017 ANNUAL SESSION

OCTOBER 30 - NOVEMBER 1, 2017

NORTH RALEIGH HILTON HOTEL, RALEIGH

Date: _____

Church Membership:

PLACE NUMBER OF MEMBERS ON ROLL IN BOX ABOVE
YOUR REGISTRATION WILL NOT BE PROCESSED WITHOUT A NUMBER IN THE ABOVE BOX

Name of Church: _____

Mailing Address: _____

City/State/Zip: _____

Pastor's Name: _____

SECTION A: FEES

Representation (Based on size of congregation; see instructions) _____

State Missions (A contribution of your choice is **REQUIRED**) _____

TOTAL ENCLOSED _____

SECTION B: MESSENGERS

	NAME	E-MAIL ADDRESS
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

SECTION C: ALTERNATE MESSENGERS

	NAME	E-MAIL ADDRESS
1	_____	_____
2	_____	_____

Clerk's Signature: _____

Phone: _____

Pastor's Signature: _____

Phone: _____