



EASTERN UNION MISSIONARY BAPTIST ASSOCIATION, INC. & AUXILIARIES

Church Registration Form

___ Annual Session
___ Adjourned Session
___ Mid-Year Session

Meeting At: _____

Church Submitting Letter: _____

Church Address: _____

City & Zip Code: _____ Zip _____

Church Phone & Fax Phone _____ Fax _____

Church Web Address: _____

Pastor's Name: _____

Pastor's Email Address: _____

Pastor's Phone Number: _____

Registration Fee Scale is determined by Church Membership and includes paid registrations for three (3) adult Congress of Christian Education Courses

1 thru 50	\$ 175.00	51 thru 150	\$ 275.00
151 thru 300	\$ 375.00	301 thru 500	\$ 550.00
501 thru 750	\$ 800.00	751 thru 1000	\$1,050.00

List the names of the three adult members whose Congress of Christian Education Course is paid with this registration:

1) _____

2) _____

3) _____

Article III. Section I ~ The Association shall be composed of Messengers, (1) through (10) for each church, with a letter certifying the name and the church of which the Messenger is a member.

Monies Paid to EUMBA During Fiscal Year 2018 - 2019

Annual Session \$ _____

Mid-Year Session \$ _____

Adjourn Session \$ _____

List Donations to Auxiliaries below
(Auxiliary donations are in addition to your church registration fee)

Parent Body \$ _____ Congress of Christian Education \$ _____

Women's Auxiliary \$ _____ Laymen's Auxiliary \$ _____

Youth Auxiliary \$ _____ Other: _____ \$ _____

Messengers Attending This Session

(3 delegates and 1 additional delegate for every 50 member over 100)

Please Print

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Church Leaders

Chairman of Deacons _____ email: _____

Chairman of Trustees _____ email: _____

Christian Education Director _____ email: _____

Sunday School Superintendent _____ email: _____

Missionary President _____ email: _____

Women's Ministry President _____ email: _____

Men's Ministry President _____ email: _____

Minister of Music/Director _____ email: _____

Ushers President _____ email: _____

Nurses President _____ email: _____

Youth Director _____ email: _____

Dance/Mime Director _____ email: _____

Church Secretary _____ email: _____

Church Administrator _____ email: _____

Pastor's Signature or Designee _____

For Office Use Only

Check # _____

Receipt # _____

Initials # _____