

Registration Form

Wisconsin General Baptist State Convention, Inc.
Keith T. Evans, President
Christopher Boston, General Secretary



Date _____

Checks Payable to: Wisconsin General Baptist State Convention (WGBSC)

Church

Church _____ Pastor _____
Address _____ City _____ Zip _____
Telephone _____ Fax _____ Email _____

Church Representation: (Check your payment schedule and category)

___ Monthly ___ Quarterly ___ Annual ___ Other _____

___ I	500 – 1,000	\$2,400.00
___ II	200 – 499	\$1,800.00
___ III	10 – 199	\$1,200.00

Above representation includes allocations for the Parent Body and all Convention ministries.

Convention Officers and Leaders - \$75.00

Name _____ Position _____
Ministry/Auxiliary _____
Address _____ City _____ Zip _____
Telephone _____ Fax _____ Email _____

Pastor \$50.00

Name _____ Position _____
Address _____ City _____ Zip _____
Telephone _____ Fax _____ Email _____

Licensed and ordained ministers \$25.00

Name _____ Position _____
Address _____ City _____ Zip _____
Telephone _____ Fax _____ Email _____

Individual \$15.00

Name _____ Position _____
Address _____ City _____ Zip _____
Telephone _____ Fax _____ Email _____

*******Official Verification*******

Total Registration \$ _____ **Cash** ___ **Check** ___

Received by _____ **Date Posted** _____