



Louisiana Missionary Baptist State Convention, Inc.

President C. S. Gordon, Jr.

General Secretary Edward Alexander, Jr.

Registration *Parent Body*

Association # _____

No. of Delegates _____

Please Print Clearly or Type

(Circle One)

Date _____ 2011 February Board May Board Annual Session November Board

(Circle One)

Association/Auxilliary/Church _____

(Circle One)

Moderator/Director/Pastor _____

Association _____ Moderator _____

Mailing Address

Address _____

City _____ State _____ Zip Code _____

Church Phone _____ Pastor's Phone _____ Fax Number _____

E-mail Address _____

Registration

Association \$ _____ Convention \$ _____ Laymen's Ministry \$ _____

Ministers' Wives \$ _____ Personal \$ _____ Student Center \$ _____

Ushers Auxilliary \$ _____ Women Auxilliary \$ _____ Young People Department \$ _____

Other \$ _____

Method of Payment

Check (s) # _____ Cash \$ _____ Total Amount Paid \$ _____

Received from _____ \$ _____

For _____

Received by _____

Finance Committee Member

PLEASE RETURN THIS FORM TO:

Registration Office: Louisiana Missionary Baptist State Convention
2319 Third Street, New Orleans, Louisiana 70113

Office: (504) 891-1103 ☎ Fax: (504) 891-4403 ✉ Internet address: lbmscgordon@bellsouth.net
(White - Finance Committee ☞ Yellow-President Office ☞ Pink-Church/Auxiliary/Pastor)