



WOMEN'S DEPARTMENT

Auxiliary To The Florida General Baptist Convention, Inc.

P.O. Box 11706 . Daytona Beach, Florida 32120

CHURCH REGISTRATION

(Please check one)

Missionary Society

Women's Ministry

District _____

Place of Session _____, Florida

Report of Missionary Society or Women's Ministry of _____
(Name of Church)

Location of Church _____
(Address) (City / State / Zip Code)

Pastor _____ Church Phone Number (_____) _____

MESSENGERS

NAME	ADDRESS	CITY / ZIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*Church Enrollment Based on Church Membership - Check (X) One: (A) \$200 (B) \$150 (C) \$125

Class A Churches	1,000 members or more	\$200
Class B Churches	500 - 999 members	\$150
Class C Churches	499 members and below	\$125

Church Enrollment Total: (THIS AMOUNT CANNOT BE USED FOR MINISTRY CONTRIBUTIONS) \$ _____

Additional Ministry Contributions

Local Deaconess Board / Ministry (\$10.00)	\$ _____
Florida Memorial University, Miami	\$ _____
Baptist Youth Camp	\$ _____
Virgin Islands Missions, Inc	\$ _____
Project H.O.P.E.	\$ _____
Headquarters	\$ _____
Little Churches	\$ _____
Home Missions	\$ _____
Foreign Missions	\$ _____
Women in White March (Indian Lake Retreat)	\$ _____

TOTAL CONTRIBUTIONS REPORTED \$ _____

Local Mission President _____

Address _____ City/Zip _____

Telephone (_____) _____ (Daytime) (_____) _____ (Evening)

(FGBCI Office Use Only)

Finance Staff Signature: _____ Check No. _____ Amount: \$ _____ Cash: \$ _____ Total: \$ _____

White Copy - Hdqtrs. Office

Yellow Copy - Receipt

(Revised 1/12)