

**OLD WEST FLORIDA PRIMITIVE BAPTIST ASSOCIATION**

**ELDER DR. CHRIS A. BURNEY, MODERATOR**

**ELDER KENTON FLOYD, VICE-MODERATOR**

**CHURCH NAME:** \_\_\_\_\_ **PASTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TOTAL MEMBERS:** \_\_\_\_\_

**CHURCH REGISTRATION FORM  
SECTION A**

- |                                                |       |                                       |       |
|------------------------------------------------|-------|---------------------------------------|-------|
| <input type="checkbox"/> A. 300 Members & Up   | \$400 | <input type="checkbox"/> Pastor _____ | \$100 |
| <input type="checkbox"/> B. 200 – 299 Members  | \$350 | <input type="checkbox"/> Elder _____  | \$100 |
| <input type="checkbox"/> C. 150 – 199 Members  | \$300 | <input type="checkbox"/> Elder _____  | \$100 |
| <input type="checkbox"/> D. 100 – 149 Members  | \$250 | <input type="checkbox"/> Elder _____  | \$100 |
| <input type="checkbox"/> E. 99 or Less Members | \$200 | <input type="checkbox"/> Elder _____  | \$100 |

Corresponding Delegate  
Name \_\_\_\_\_ \$100

<b>Licensed Ministers (LM)</b>	<b>\$50.00</b>
<b>Deacons (Dea.)</b>	<b>\$30.00</b>
<b>Delegates (Del.)</b>	<b>\$20.00</b>

- |                             |                               |                                |       |    |       |
|-----------------------------|-------------------------------|--------------------------------|-------|----|-------|
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |
| <input type="checkbox"/> LM | <input type="checkbox"/> Dea. | <input type="checkbox"/> Del.: | _____ | \$ | _____ |

**TOTAL SECTION A:** \_\_\_\_\_

**SECTION B**

**CHURCH SCHOOL**  \$50  
**SCHOLARSHIP (Min. \$75)**  
**MEAL TICKET (# \_\_\_ \$60 \$15\*4) \$** \_\_\_\_\_

**LAYMEN \$** \_\_\_\_\_  
**# \_\_\_ CONCERT TICKETS @ \$30**

**TOTAL SECTION B:** \_\_\_\_\_

<b>Date:</b> _____	<b>Received By:</b> _____	<b>Grand Total</b> _____
<b>White Copy~~Financial Secretary</b>	<b>Yellow Copy~~Recorder of Records</b>	<b>Pink Copy~~Church</b>