

NATIONAL PRIMITIVE BAPTIST CONVENTION, USA

**DR. KENNETH A. DUKE, GENERAL PRESIDENT
DR. RONNIE J RUSSELL SR. FINANCIAL SECRETARY**

INDIVIDUAL REGISTRATION FORM

DATE _____

Name _____
Title First Name Middle Initial Last Name

Mailing Address _____
Number and Street City and State Zip Code

Church Affiliation _____ Primitive Baptist Church

Telephone No. () _____ Fax No. () _____ E-Mail Address _____

Please Note

- **Non-Pastoring Elders and Deacons attending as Delegates to the Parent Body must register with \$100 and their church must be registered also.**
- **Individuals who register as Certified Voting Delegates and General Delegate to the Parent Body with \$100 will also be eligible to attend one Congress of their choice.**
- **Seniors, 80 and above, registration is \$50 and they will be eligible to attend one congress of their choice. Please check box if appropriate .**
- **Youth ages 15 to 21 registration is \$50 and ages 15 and below registration is \$25.00. Please check box the appropriate 15 and below or 15 – 21.**
- **Young adults over 21 registration is \$100.**

Note: Please check appropriate Box

-Ordained Elder -Ordained Deacon -Certified Presidential Voting Electors
-General Delegate -General Participants

- | | | |
|---|--|--|
| <input type="checkbox"/> General Convention | <input type="checkbox"/> Ushers Congress | <input type="checkbox"/> Women of the Church |
| <input type="checkbox"/> Church School Congress | <input type="checkbox"/> Youth Congress | <input type="checkbox"/> Congress Choir |
| <input type="checkbox"/> Women Congress | <input type="checkbox"/> Ministers Wives | <input type="checkbox"/> Matrons |
| <input type="checkbox"/> Laymen Congress | <input type="checkbox"/> Mothers and Deaconesses | |

Amount \$ _____

Sacrificial Gift: ----- Amount \$ _____

OTHER AREAS OF SUPPORT

- | | |
|--|----------|
| <input type="checkbox"/> Evangelism | \$ _____ |
| <input type="checkbox"/> Capital Campaign Fund | \$ _____ |
| <input type="checkbox"/> Emergency Disaster Fund | \$ _____ |
| <input type="checkbox"/> Training Academy Registration (\$250 or Specify amount) _____ | \$ _____ |

Total Enclosed \$ _____

**Make checks payable to National Primitive Baptist Convention
Pre-Registration Must Be Received By June 17, 2022**

**Mail to: National PB Convention USA, C/O Dr. Ronnie J. Russell Sr. 104 Trailing Blossom Lane Goodlettsville
TN 37072**

Thank You for Your Support!

Official Staff

Signature _____ Date Received _____
Original –Financial Secretary Yellow Copy – Treasurer Pink Copy - Receipt