



**EMPIRE BAPTIST MISSIONARY CONVENTION
OF NEW YORK, INC.**

*Reverend Dr. Carl L. Washington, Jr.
Convention President*

REGISTRATION FORM

DATE _____ ADJOURNED _____ SEMI ANNUAL _____ ANNUAL SESSION _____ NEW BODY _____ REINSTATEMENT _____
 CHURCH CHECK # _____ PERSONAL CHECK # _____ CHECK AMOUNT _____ CASH AMOUNT _____
 CHURCH ID # _____ NUMBER OF MEMBERS _____

Church Name	_____		
Address	_____		
City	_____	New York, Zip	_____
Church Phone	_____	Church Fax #	_____
Church E-Mail	_____		
Pastor's Name	_____		
Pastor's Address	_____		
City	_____	State	_____ Zip _____
Pastor's Phone	_____	Fax	_____
Pastor's E-Mail	_____		
Association Affiliation	_____		

Unified Budget _____
District/Association _____
Global Mission _____
Special Appeal _____
Monthly UB Assessment _____
Banquet/Luncheon _____
Other _____

Pastors & Ministers _____
Women _____
Young People _____
Bridge Ministry _____
Ushers & Nurses _____
Minister's Wives _____
Laymen _____
Congress _____

TOTAL REGISTRATION \$ _____ **RECEIVED BY** _____

Make Checks or Money Orders Payable To: Empire Baptist Missionary Convention (NO ABBREVIATIONS PLEASE)
 Empire Baptist Missionary Convention
 C/O: Reverend Dr. Donald Butler
 P.O. Box 597
 Wheatley Heights, NY 11798