

Mount Pilgrim Baptist District Association Universal Representation Form
 _____ Session/Board Date: _____ 20____

Fill In

Church Name: _____ Church Membership Total: _____
 Church Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone # (205) _____
 Pastor's Name: _____
 Church Email Address: _____ Telephone Number _____

Please Check One

President _____ Supervisor _____ Counselor _____ Pastor _____
 Name _____
 Address: _____ City _____ Zip _____
 Email Address: _____ Telephone Number _____

CHURCH REPRESENTATION

All Pastors and Churches are asked to please consider Church classification as follows:

Please circle one

(A) \$200.00 (B) \$100.00 (C) \$75.00 (D) \$50.00

Total \$ _____

Pastors & Ministers

Pastors - \$25.00 Ordained Ministers - \$20.00 Licensed Minister - \$15.00
 Missionary & Ambassadors - \$25.00

Total \$ _____

EXECUTIVE BOARD MEMBERS - \$1,000.00

Name _____ Amount \$ _____
 (Executive Board Members are required by the constitution to give \$1,000.00 each year)

Personal Enrollment

All Adults - \$15.00	Youth Presidents - \$5.00	Other Youth - \$1.00
1. _____	5. _____	
2. _____	6. _____	
3. _____	7. _____	
4. _____	8. _____	

Total \$ _____

Missionary Societies

Class A - \$100.00 Class B - \$50.00 Class C - \$30.00

Matrons -	\$25.00	Laymen	\$15.00
Sunbeams and Crusaders -	\$5.00	YWA's and Red Circle	\$ 5.00
Minister's Widows & Wives	\$25.00	Messengers	\$15.00
Deacon, Trustee Wives//General Trustees	\$15.00		
Nurses	\$20.00		

Please check amount for each Total \$ _____

(FOR REGISTRATION USE ONLY)

Representation : _____ \$ _____
 Personal Enrollment No. _____ \$ _____

Grand Total of Form \$ Cash _____ \$ Check _____

Received by: _____ Date: _____