



NORTHERN VIRGINIA BAPTIST ASSOCIATION, INC.

Registration Form

One Day Session, May _____

Please Type or Print

CHURCH/ORGANIZATION _____

Mailing Address _____ City _____ State _____ Zip Code _____

Region _____ Telephone (include Area Code) _____ E-mail address _____

Fax Number (include Area Code) _____

PASTOR/PRESIDENT _____

Street Address _____ City _____ State _____ Zip Code _____

Region _____ Telephone (include Area Code) _____ E-mail address _____

CLERK/SECRETARY _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone (include Area Code) _____ E-mail address _____

Parent Body

Delegates

Women's Ministry

Include Delegates email address. Use additional paper if necessary.

Young People's Ministry

Men's Ministry

Organization: _____

Representative Fees

NVBA Parent Body \$ _____
Women's Ministry _____
Young People's Ministry _____
Men's Ministry _____
Baptist Center _____
Helen Webb Scholarship _____
Other _____
Total _____

Provide Representative Fees Payment Method: (i.e., Check, Givelify, Zelle)

Signature: Pastor/President

Clerk/Secretary