



Mount Hermon Missionary Baptist Association

Annual Session

Church Registration Form

Date _____

Name of Church _____

Street Address _____

City, State, Zip Code _____

Name of Pastor _____

Telephone Number: Church _____ Pastor _____

Mailing Address, if different from above: _____

Date of Organization _____ Incorporated? _____

Current Membership Size _____ Active Membership Size _____

Contributions toward the Convention Budget:

Church Registration \$150.00

Total \$ _____

Signature of person submitting form _____

Date form submitted _____

Rev. Stanley Smith, Moderator

Mount Hermon Missionary Baptist Association

Mailing address:

P. O. Box 42206

Atlanta, GA 30311