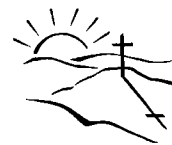


Mount Pilgrim Baptist District Association Church Registration Form



Church Name: _____

Address: _____

_____ Zip _____

Telephone Number: _____ Fax: _____

Web Site: _____

Pastor: _____

Address: _____

_____ Zip _____

Home Number: _____ Cell: _____

Office Number: _____

Email Address: _____

Superintendent: _____

Address: _____ Zip _____

Home Number: _____ Cell: _____

Email Address: _____

Youth Leader / Director: _____

Address: _____ Zip _____

Home Number: _____ Cell: _____

Email Address: _____

Mission President: _____

Address: _____ Zip _____

Home Number: _____ Cell: _____

Email Address: _____