

**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: \_\_\_\_\_